TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

retained by the haspital or attending physician

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IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medicol

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remayer carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

impletely filled in by the funeral direct pad 2 should be filed within 72 from

1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8	16810	
	CEASED NAME	FIRST /10 m	MIDDLE 4	dome	20. DATE OF DEATH M	ONTH DAY YEAR 26. HOUR 3/8/ 2:150.	
3. SE.	F	4 RACE	S. DATE	OF BIRTH ATH DAY YEAR ATH	6 AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.	
	RTHPLACE (STATE OR FOR	U.S.	WIDOV		9 BALTIMORE CITY OR Washing	county of DEATH A TON MD.	
H	agerstow	n. Avalo	HOSPITAL, NURSING HOME CH FACILITY, GIVE STREET ADDRESS)  Manor Nu	rsing Home	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR		
13a. S	STATE 13	b COUNTY  ashington	I GIVE RESIDENCE BEFORE ADMISSION 13t. CITY OR TOWN Hage rstown	13d INSIDE CITY LIMITS?		nklin St.	
	Joseph	MIDDLE A •	Adams, Sr.	15. MOTHER'S MAIDEN NA FIRST Bessie	Mae	Eckenrode	
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMED FORCES? (IF YES, GIVE WAR OR OATES)	185-03-8783	J.A.Adams, J	ADDRESS	Pa. 17 201 tock Rd. Chambersburg	
	PART I. DEATH WAS	Enter only one couse pe S CAUSED BY: AMEDIATE CAUSE (a)		e Heart Fail	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  4 hrs	
	Conditions, if ony, which gove rise to immediate  DUE TO, OR AS A CONSEQUENCE OF  Coronary Atherosclerosis				yrs.		
	couse (a), stoting underlying cause	couse (a), stoting the DUETO OR AS A CONSEQUENCE OF					
NO		iabetes M		IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 110	
MEDICAL CERTIFICATION			ITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
AL CER	21g. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU	ISE OF DEATH HOUR A					
MEDIC	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	220.1 certify that (1) (the saw the deceased obave, (1) (we) (did	nis hospitol) ottended the alive on	ne deceased fromMa	0	to 6 - 1	3 , 19 81 , that (II (we) last and hour and from the causes stated	
	27L SIGNATURE	Lese M.	22c. DATE SIGNED 6-15-81				
		W. Lesh M				agerstown,Md	
23a E	BURIAL, CREMATION, RESPECIEY)  Burial			CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE	
74 50	ALEHAL RECTOR	M N A	16,1981 Norla	ZSa. DAI		Eranklin Pa.  B. REGISTRAR'S SIGNATURE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

and completely filled in by the fu and 2 should be tiled with

injury, or other troumotic event, the medical exam

IMPORTANT: If Item 21 is morked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and car should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

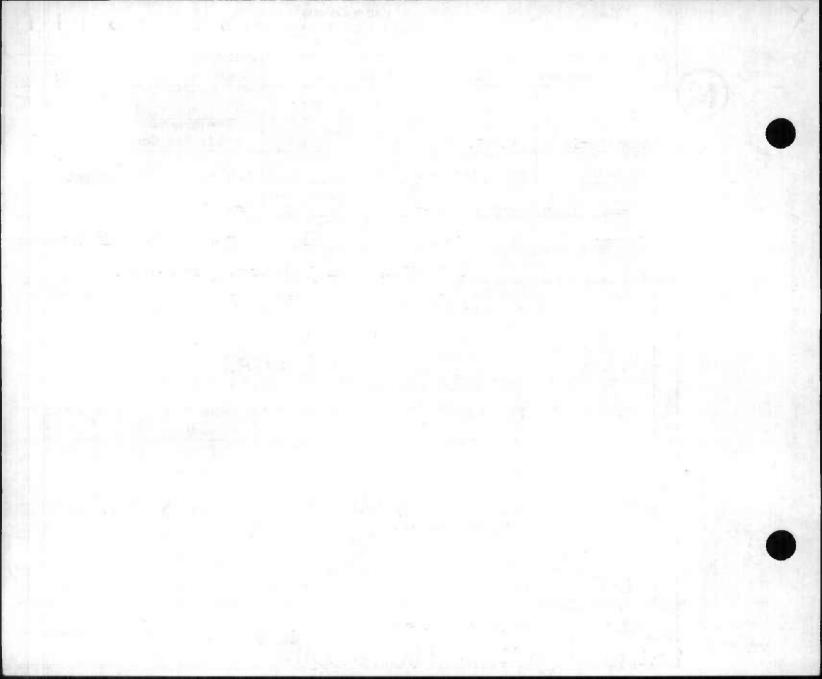
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	REGISTRAR				CERTIF	TEATE OF BEATTI	REG. N	10.		
	EASED NAME	FIRST		MIDDLE	- 1	LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
PE O	PRINT) Ma	rgare		cy	ADEI	LSBERGER	June 8	1981		7;30P M
3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		NTHS DAYS	IF UNDER 24 HRS
F€	emale		White	II	Augu	st 2 <sup>°, 1</sup> 915°	65	YRS.	DATS	HOURS MIN.
	THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D GENEVER MARRIED	9. BALTIMORE CITY			
Pe	ennsylvani	ia	U.S.A	A.	WIDOWE	42	Washingt	on Coun	nty	MD.
	or town of DEA erstown	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET TON COUNT	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
C.	RESIDENCE (IF NURS	ING HOME OR	-		~	Spr car	Seamstres	S	Garmer	nt
13a. ST.	ATE	136 COUN	ITY	13c. CITY OR TOW	'N	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	ryland	Wash	ington	Hancock		YES NO X	Box 264			
14. FAT	HER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ī
	Thomas		E.	Wink		Mary	Eva	Xd€X\$	spet :	Barnhart
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
1	No	(# 725, 517	E THAN ON DATES;	217 03 0	941	Neil Adelsb	erger sam	e as 13	3.	
NOL	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  19a. DATE OF OPERATION  DUE TO, OR AS A CONSEQUENCE  (c)  19b. CONDITION FOR WHICH OPE			ENCE OF			NGS USED OF DEATH? NO			
AL CER	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	1111	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T 1 OR PART 2)	
	WHILE NOT WHAT WORK AT WOR	RED	21e. PLACE			211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220. I certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated  220. SIGNATURE  DEGREE  221. DATE SIGNED  ATTENDING / MEDICAL STAFF									
2	17d. PHYSICIAN'S NA	AME (TYPE O	PRINT)			PHYSICIAN (  220 ADDRESS  100 Low t	FGDSW DI		ALFIR	John MD.
	RIAL, CREMATION,	REMOVAL	23b. DATE	23€. №	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			<del></del>
F	Burial		6-11-8	Il To	nolow	ay Baptist	CITY OR IOWN		on Pei	nna.
	BRALDIRECTOR		-	120.			rd prison I CO Pric TD A		ADIC CICATOR	LINC.

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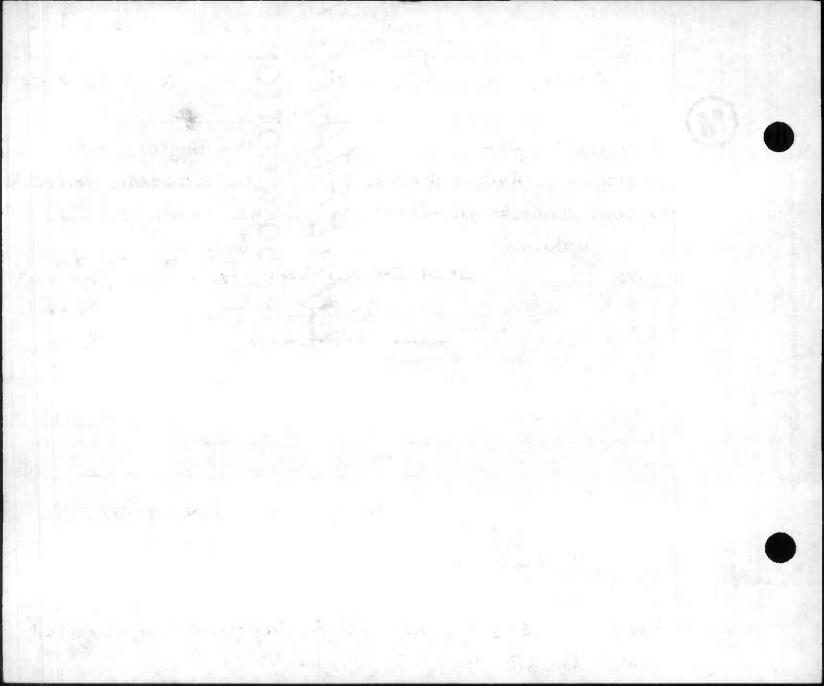
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26. HOUR [TYPE OR PRINT] the 8 0 4. RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTH DAYS HOURS 90 aucasian O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Tichican US DIVORCED ountry WIDOWED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY HAGERSTOWN .= USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION completely filled in 130 STATE erstown Prevadual NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) attending physician ove carbonpopers. P ÷ removal 18. CAUSE OF DEATH (Enter only one couse per line for (a), tb), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o ö DUE TO, OR AS A CONSEQUENCE OF 20 troumc cremotian, Conditions, if ony, which Lorohany gove rise to immediate couse to, stoting the other DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ò PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 prior to bur njury, CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene certificate h NO shov YES -210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 8 MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21d INJURY OCCURRED 211. LOCATION 0 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET morked AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR: sow the deceased alive on, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated to obove, (t) (we) (did) (did not) view the body after death the hasp should be detached with the State Dept. Hem 22b. SIGNATURE DEGREE 22c DATE SIGNED FUNERAL DI \* ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 0 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF LOWN BURIA HAGERSTOWN REC'D. BY REGISTRAR 25b. RECORAR'S SIG DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND



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jury, or ather troumatic event, th

should be detached for use as the burial-transit permit. Then please remave car with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

this certificate has been signed by the otte

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

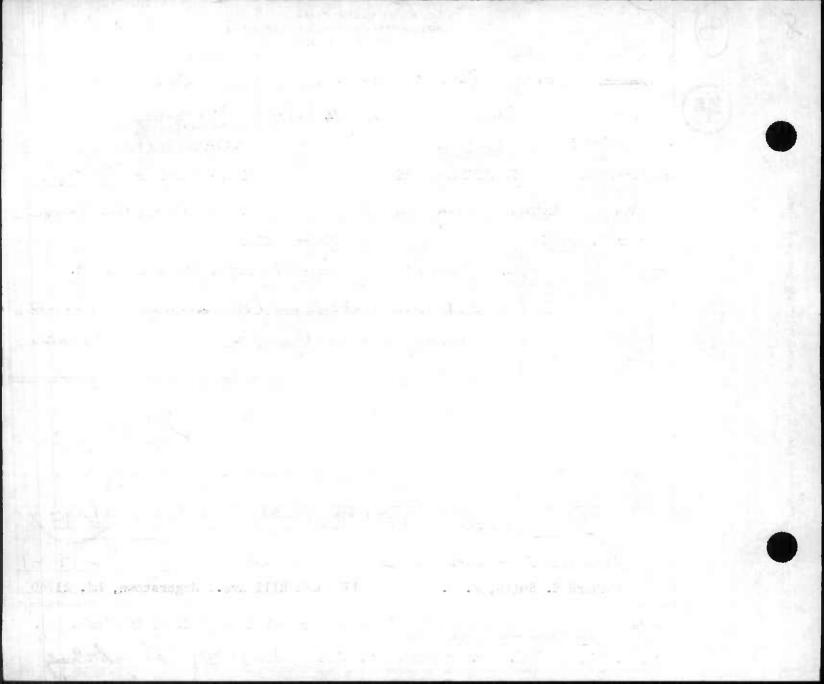
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1 -	FOR STATE REGISTRAR			OF HEALTH AND MEN		REG. NO		0 0	1 2
1. DE	CEASED NAME FIRST		MIDDLE	LAST				DAY YEAR	26 HOUR
	PRINT) Jer	ry ~	Dean	Beegle		Ju	ine 1	7 1981	A
3. SE	( )	4BACE		TE OF BIRTH		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	male	Cauc	unin		940		-YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	RRIED NEVER MARE	DIED []	9 BALTIMORE CITEO	R COUNTY	OF DEATH	= 110
	ennsylvania	Li.	e .A	OWED DIVOR		WAShi	insta	2	MΓ
10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INSTITUT		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON O	126 KIND O	F BUSINESS OR
Ha	gerstown	633° Ar	itietam Drive			Dist.Super	visor		Stores
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUNTY)		1. GIVE RESIDENCE BEFORE ADMISS 134. CITY OR TOWN	13d INSIDE CITY L	X.	13e. STREET ADDRESS	ntie	tram I	Rive
		MIDDLE	LAST	FIRST		MIDDLE		LAS	ī
	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY N	Glady:	S MIII	ADDRE	cc	- 1	
_0	(IF YES, GIVE	WAR OR DATES)	161-32-4644		W. B	eegle, Hag		wn. Md	
		Vavy				,			MATE INTERVAL ONSET AND DEATH
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily ane couse pe DBY:	r line for (o), (b), and (c)	00 0 1 0 1	. /	16-	L	BETWEEN	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	or as a consequence of malignal	nt Mela	non	A.	age	/1m	onths
NOI	PART 2: OTHER SIGNIFICANT (	BUT NOT RELATED TO	THE TERMI	nal disease or coni					
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OPER	ATION WAS PERFORME	ON WAS PERFORMED  200 AUTOPSY?  201 IF YES, WERE FINDING CERTIFYING CAUSES O YES \( \sum \) YES \( \sum \)				
MEDICAL CER	2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c HOW INJURY EAR 19	Y OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET		CITY OR TOW	IN	COUNTY	STATE
	220.1 certify that (1) this haspi sow the deceosed alive on above, (1) (we) (did) (did as			and that in my (aur	9 8 ) Opinion d	eoth accurred on the do	ite and hour		thous (we) last couses stoted
V				PHYS	NDING SICIAN	MEDICAL STAF	F IAN []	22c. DATE	SIGNED 17-81
	Richard E.		M. D.	1708 Oak	Hill	Ave., Hage	erstow	vn, Md.	21740
bu	urial, cremation, removal precipy rial	June	20,1981 Smit	of CEMETERY OR CREM hsburg Cre	emato			g,Wash	3/5/5/25/
24 FU	INERAL DIRECMENNICH	vd., Ha	RAL HOME agerstown, N	Md. 21740	JUN	REC'D. BY REGISTRAR V 2 2 1981	25b. RE PISTI	RAR'S SIGNAT	URE TOWN.

DHMH - 16 50M 1/76 (VR A 15 (4) )

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TO FUNERAL DIRECTOR: After



mpletely filled in by the funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The aspital or attending physicia

retained by the haspital

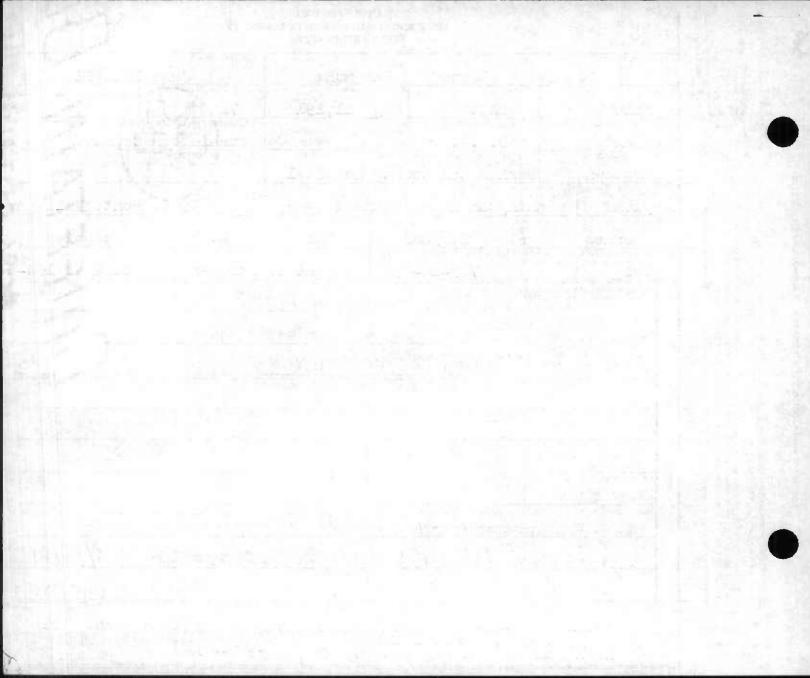
IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the

	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8   1	6814
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)				AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ad	James Edward				rgman	June	16,1981 M
1	3. SEX		4. RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		Male	White	May	11,1910	71 YRS	
6	0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	
9	_	'yland I'y or town of death	U.S.A.	WIDOWE			
19	Hae	gerstown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Washington Co	ounty		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
5	130. S Mar	yland Was	other institution, give residence seroi NTY 13c. CITY OR TOV Shington Hager	WN .			Mont. Valla Av
11		James	F. Bergma	an	15. MOTHER'S MAIDEN NAM	M. MIDDLE	Steppie
1		(AS DECEASED EVER IN U.S. AR. ES. NO OR UNKNOWN) (IF YES, GIVI Yes	MED FORCES? 166. SOCIAL SEC (E WAR OR DATES) 705–14-		Eugene T.	Bergman	same as 13a-e
	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	hic capain	IMM3	GIVEN IN PART 1(0)
9	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES \( \text{ NO } \equiv
9		?   0, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the decedred alive an a ove, (1) (we) (did) (did no	tal) attended the deceased from, 19 1) view the body after death.	, 01		death accurred an the date and h	
		22b. SIGNATURE	to Woosh			MEDICAL STAFF	220. DATE SIGNED
		228 PHYSICIANS NAME (TYP)	er		120. ADDRESS AO	well noso b	POST UN MO.
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
		Burial	6-19-81 Re	est H	aven Cemete:	ry Hagerstown	wash. MD

Burial 6-19-81 Rest Haven Cemetery

14 FUNERAL DIRECTOR Rest Haven Funeral Chapel
1601 Penna. Ave. Hägerstown, MD

BP\_\_\_\_\_\_ DHMH-16 30M 2/80 (VRA 15, 4)



STATE OF MARYLAND			1
MENT OF HEALTH AND MENTAL HYGIENE	8	1	- 1

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1	- STATE		IEALTH AND MENTAL HYGI FICATE OF DEATH	IENE O 1	1	0 0	1 7
	REGISTRAR	CEKIII	ICAIE OF DEATH	REG. NO.			
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR
(1.7	INZE	Pauline Ben	gstresseur		(= I	81	15TAN
3. SE	X 4.	RACE 5. DATE O		6. AGE (IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS
	Female	white rea	(	68	YRS	MS DAYS	HOURS MIN.
Ju. 8	SIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8.		9 BALTIMORE CITY OR		DEATH	
1	COUNTRY		D NEVER MARRIED	11)001.	1		
10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	9101	at KIND OI	F BUSINESS OR
10.0	TO RIOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	SK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF		NDUSTRY	- BUSINESS OK
1	tagerstown 1	Washington Co.	Hasp.	Nurse			
13a.	STATE TIS COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		13e. STREET ADDRESS			
	Fa Fil	ton McConnelshuy	VES CO NO FO	Star Rt	. N.		
14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NAM				
	FIRST	DDLE	FIRST	WIDDLE	- 11	LAST	1.
14-	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	. ADDRES	· u	megi	udner
		VAR OR DATES)	1 -	/		A 17	11233
	No	211-12 6216	LamontBev	rgstresser, S	SRN, M	Cohne	113 bugg
		one cause per line far (a), (b), and (c).)		·		BETWEEN	MATE INTERVA
	PART I. DEATH WAS CAUSED !	f As A comment	sic Shock			4+	HSZ
	4100	DUE TO, OR AS A CONSEQUENCE OF					ange 155
-	Conditions, if any, which		rocardin 1 Il	Livetiva		241	4.25
	gave rise to immediate	)			100		1 - 7
	cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	a some Hear	LT DISCHEP		4.	des.
		, (6)					-
z	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDI	TION GIVEN I	N PART 10	(3)
CERTIFICATION							
O	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WE IN CERTIFYING		
E				YES NO	YES [		NO 🗌
Ü	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION				
W.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	٧	COUNTY	STATE
	AT WORK AT WORK		( ) 31 GO	(= :		P. 1	
	22a.1 certify that (I) (this hospital	1 . 0 .	5-31 19 87	, to	. 19_		that (1) (we) last
	saw the deceased alive on above, (1) (we) (did) (did nat) v	view the bady after deoth.	nd that in (my) (our) opinion d	leoth occurred on the dote	and hour and	d fram the c	ouses stated
	22b. SIGNATURE		DEGREE	-		22c. DATE S	SIGNED
	- di	moulalute	ATTENDING PHYSICIAN	MEDICAL STAFF		6-1-	81
1	224 PHYSICIAN'S NAME (TYPE ORD)	PINITI	122a ADDRESS				

Hornbaker 23a. BURIAL, CREMATION, REMOVAL 23b. DATE June 3, 81

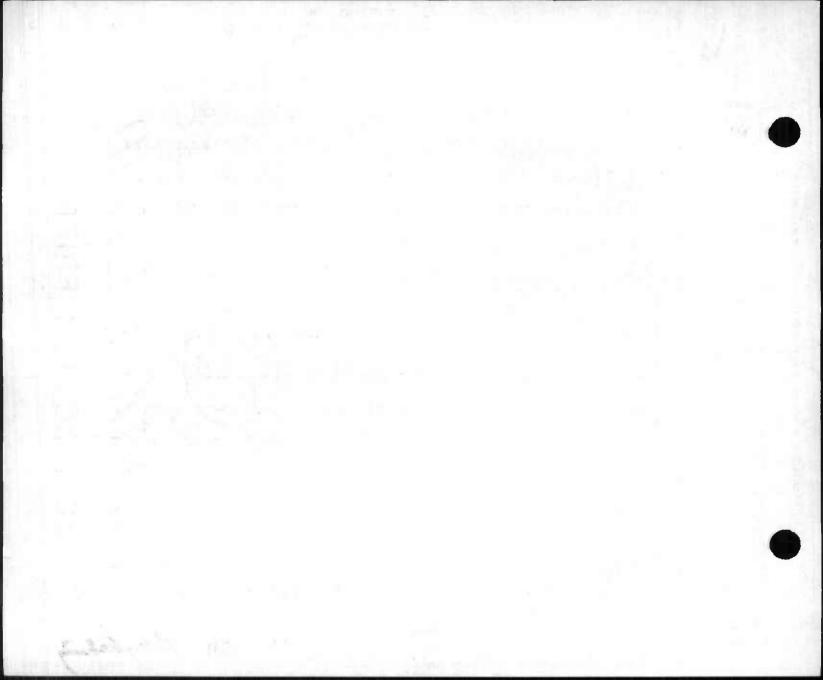
23c NAME OF CEMETERY OR CREMATORY

Hagerstown 23d. LOCATION CHAPTOWN PROPERTY 1250 DATE REC'D. BY REGISTRAR 151

Buvia.
24. FUNERAL DIRECTOR
Roy G. Danna

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



Clearspring.

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STATE OF MARYLAND

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, agos 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner must be partitled Union
	eto H	Shoul with	MPO

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DHMH - 16 50M 1/81 (VRA 15, 4)

FOR - STATE

# DEP

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		1	1	6	8		1
CERTIFICATE OF DEATH		REG. NO.					
1457	ATE	E DE LEIL				1	

2b. HOUR
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IF UNDER 24 4R5
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within 24 hours after

	FOR	
-	STATE	
	REGISTRAR	

Maryland

IL FATHER'S NAME

Washington

Hagerstown

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		10.	

1048 S. Potomac St.

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) John	William	BIRKITT	June 14, 1981	26. HOUR 10:40
3. SEX Male	4. RACE White	5. DATE OF BIRTH August 8, 1960		IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Charlestown, W.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY  Washington	OF DEATH
10 CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Washington Cou	ADDRESS) .	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Salesman	12h KIND OF BUSINESS O INDUSTRY Candy
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13e STREET ADDRESS	

NOF

15. MOTHER'S MAIDEN NAME

John	William	Birkitt	Cor	<b>a.</b>		Hunt	
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT				
No	(W TES, ONE WAR ON DATES)	309-34-2156	Mrs. Glenn 1	H. Birkitt,	Leesbur	g, Va., 2	22075
18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per VAS CAUSED BY IMMEDIATE CAUSE (0)	line for (a), (b), and (c)	from As	pination		APPROXIMATE INTE	RVAL DEATH_
Conditions, if any	DUE TO, O , which (b)	R AS A CONSEQUENCE OF		peptie u	Pra	2 WICS	
couse (a), stating underlying couse		R AS A CONSEQUENCE OF	(Inemic			2 616	

gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	Unemia		2 616
	nditions CONTRIBUTING TO DEATH BUT	ASHA	ainal disease or con	DITION GIVEN IN PART 1(0
19a. DATE OF OPERATION	196 CONDITION OR WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?}
21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	216 LOCATION STREET	CITY OR TO	WN COUNTY STATE

sow the deceased alive an above, (I) (we) (did) (did not) view the ba (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

Le Mars mo	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	6-15-1
276 PHYSICIAN SNAME ELIPE OF HINTS A -	22e. ADDRESS	
1 111		

4). 13. 1.	CANOY	1933 Va.	Aver Hasoistaun, Md
BURIAL, CREMATION, REMOVAL			23d. LOCATION
Removal- Burial	6-17- 81	Hillsboro Cemetery	Hillsboro, Loudon Co., Va.

24 FUNERAL DIRECTOR John H. Bast, Jr.

Boonsboro, Md. 21713

DHMH - 16 50M 1/81 (VRA 15, 4)

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After this certificate hos been

HOSPITAL OR ATTENDING PHYSICIAN: The

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FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit.

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IMPORTANT: If Item 21 is morked or Item 18 sho

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#### FOR - STATE

completely filled in by the

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked ar Item 18 shaws any

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Maryland 21740

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

retained by the haspital

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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Hagerstown, Wash., Maryland

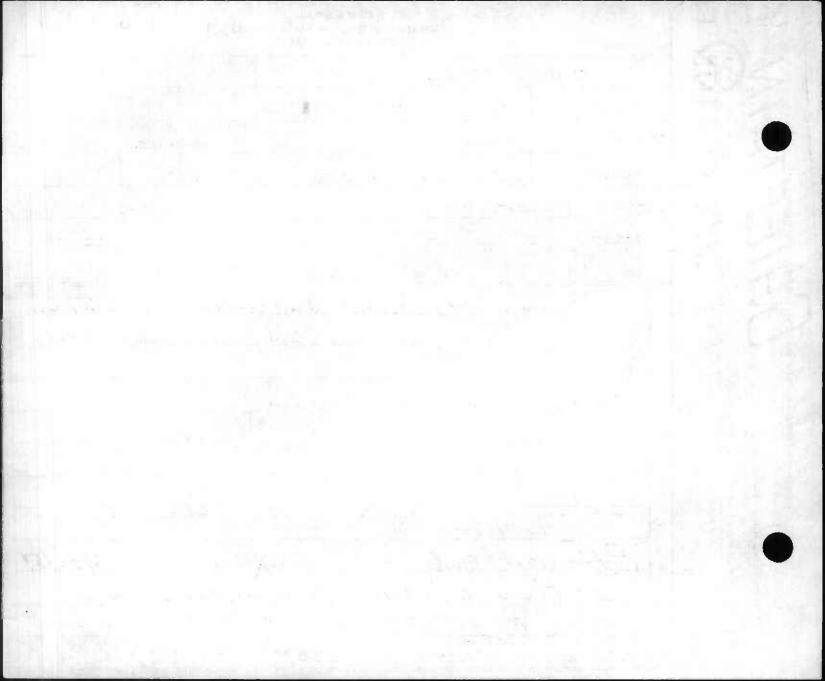
21. DATE RECED BY REGISTRAR 255

	REGISTRAR		CERTIFICATE OF DEATH REG. NO.						
	The		CARTER	TO DAIL OF DEATH	981	2b. HOUR			
	female	4. RACE white	September 1, 1910		PUNDER I YEAR	IF UNDER 24 HA			
1	70. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED MORCED	9 BALTIMORE CITY OR COUNTY ( Washington	OF DEATH	,			
0	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND O	F BUSINESS C			

INDUSTRY
Vanness
own, Maryland
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Chuurs.  Yeez J  IN PART 1(0  ERE FINDINGS USED G CAUSES OF DEATH? NO   1 OR PART ?)  COUNTY STATE  At that (i) (we) lost and the causes stated  22c. DATE SIGNED  C/22/87
ERG O

June 23,1981 Cedar Lawn Mem. Park

DHMH - 16 50M 1/81 (VRA 15, 4)



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENEO I	REG. NO.	0 5	
	CEASED NAME E OR PRINT)	Rudy		NMN		CHANEY		25, 1981	DAY YEAR	26 HOUR 12:30 pm
3. SE	male		4 RACE whit	e	June		6. AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
- (	IRTHPLACE (STATE COUNTRY) Ohio		USA		? 8 MARRIE WIDOWI	DE DIVORCED	Wash	city or coun ington		MD.
Fai	ir Play		Route	ACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION		CCUPATION OR MOST OF WORKING ruction		OF BUSINESS OR
130	AL RESIDENCE (FIN STATE Maryland	13b COUN	ITY	Fair Pl	WN	13d. INSIDE CITY LIMITS? YES NO		Route 1,	Box 39	
		es Cha		LAST				Maguire	Į.A	NST
160	WAS DECEASED EV	ER IN U.S. AR	MED FORCES? E WAR OR DATES)	214-09-		Anna Cha	ney, Fai	ir Play,		XIMATE INTERVAL
NO		ony, which immediate ating the use lost.	(b) DUE TO, O	r as a conseou	JENCE OF	NOT RELATED TO THE TERM				yrs.
TIFICAT	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CER	YES, WERE FINDS	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY N 21d. INJURY OCC	CAUSE OF DEA	1111	м. моnth [ м.	DAY YEAR	21¢ HOW INJURY OCCUR				
WE	WHILE NO AT WORK NO AT	WHILE WORK  (I)	(AT HOME, STE	e deceased from, une 2, 19 after death.	81_, 0	Sept. 2619 79  Indicate the septiment of	death accurred of MEDICAL DIRECTOR	STAFF PHYSICIAN [	22c. DATE	26/81
230. (	BURIAL, CREMATIC (SPECIFY)		y, M. D	234	NAME OF C	EMETERY OR CREMATORY	123d LOCATIO	ON		
24 F	urial uneral director 115 E. Wil		ICH FU	NERAL .	HOME	sville Cemete	LA THE	istrar 256 REGI	strarssigna	TURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the functor should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical elangement of the medica

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate in executed within 24 hours after a	
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and completely filled in by the fu-

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and conshall be detached for use as the buriol-transit permit. Then please remove carbon paper. Paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MADORANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND

1	FOR STATE REGISTRAR		DE		EALTH AND MENTAL H	YGIENE B	0.	0 0	2 1	
	DECEASED NAME  YPE OR PRINT)  E 1	den l	eroy Clar		AST	June 5,		Y YEAR	26 HOUR	
3. 5	Male White  Male White  Maryland USA			5. DATE C	24-1900 YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
15			CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	80 BALTIMORECHTYC Washingt				
00	Hagerstown 733 Maryland Ave.									
35	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)   13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS   733 Maryland   13d. INSIDE CITY LIMITS?   733 Maryland   13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS   13d. INSIDE CITY LIMITS?   13d. INSIDE CITY LIMITS   13d. INSIDE CITY LIMITS   13d. INSIDE CITY LIMITS   13d. INSIDE CITY LIMITS   13d. INSIDE CITY LIMIT									
11	Harry Thomas Clark    15 Mother's Maiden Name   First   First								o'T	
	(YES, NO OR UNKNOW		WAR OR DATES)		Pauline		"			
	18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c)) PART I. DEATH WAS CAUSED BY:  Acute and Chronic Congestive heart failure									
	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  b) Act Arterios cleratic heart disease years  DUE TO, OR AS A CONSEQUENCE OF									
NO	PART 2 OTHER	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	19a. DATE OF OF	PERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NOX		WERE FINDING CAUSES		
MEDICAL CE	OD COLUMNIA IN 15	CAUSE OF DEATH	P.M.	H DAY YEAR		URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)		
MED		OT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, I	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO		COUNTY	STATE	
	sow the de obove, (1) (	repsed alive on_	ottended the deceased  3/18  view the body ofter death.	_19 <u>81</u> _, or		on death occurred on the de	5 19 ote and hour c	and from the		
	22b. SIGNATURI	lovid	R Trutes	i 90/		MEDICAL STAI	FF CIAN []	6/8		
		'S NAME (TYPE OR	tch, Jr., M.1	0.	138 E/ Ant	ietam St., H	agersto	own, Mi	0 21740	

23b. DATE

230. BURIAL, CREMATION, REMOVAL SPECIFY)
Burial 23¢ NAME OF CEMETERY OR CREMATORY 6-8-81 Cemetery 24 FUNERAL DIRECTOR

23d LOCATION CITY OR TOWN tery Hagerstoun Mary Maryland

305 N. Potomac St. 250 DATE Hagerstown, Maryland JUN Potomac Gerald N. Minnich 1981

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### STATE OF MARYLAND

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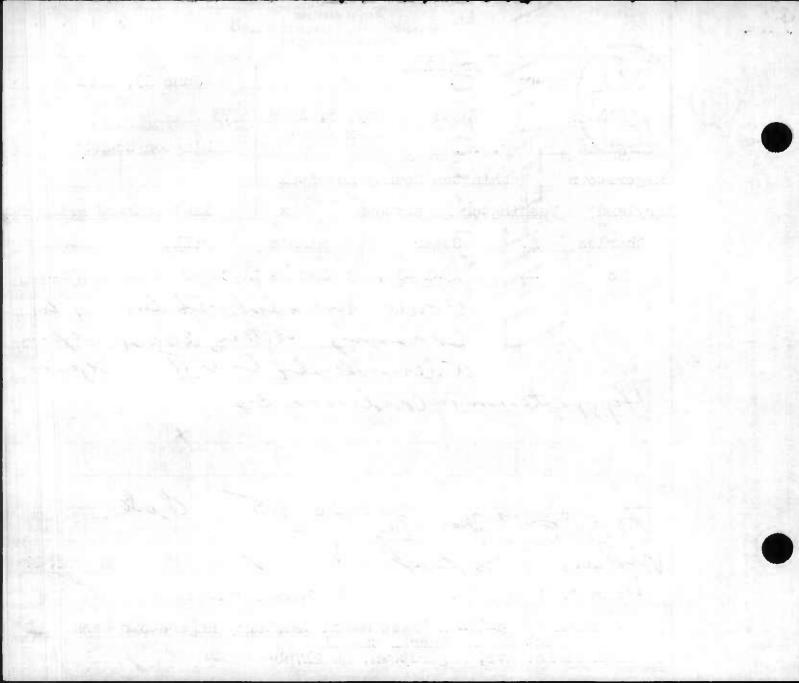
	1 -	STATE REGISTRAR			DEPARI		ICATE OF DEA	ATH	REG	NO.		
		CEASED NAME OR PRINT)	Edward		ranklir F.	Con	ne r		20. DATE OF DEATH	ne 25,	1981	26 HOUR
	3. SEX	Male	4	RACE W.	hite WHAT COUNTRY	S. DATE C	DE BIRTH	908	AGE (INYEARS LAST	BIRTHDAY) M	HUNDER LYEAR	IF UNDER 24 HRS
9	10 CI	Tir <b>g</b> inia Dryor Town OFD agerstow	n W	ashin	OSPITAL, NURSI H FACILITY, GIVE STREE	WIDOWE ING HOME C		TION	Washin 12a USUAL OCCUP. (TYPE OF WORK FOR MO)	ATION	12b. KIND O	MD. PF BUSINESS OR
21	130. S Nar	AL RESIDENCE (IF NI STATE CYLAND ATHER'S NAME FIRST Charles	Wash		n Hager		15. MOTHER'S MA	O X AIDEN NAM	MIDDLE	3 Orch	LAS	ills Pk
		VAS DECEASED EVI YES, NO OR UNKNOWN) NO		(AR OR DATES)	Comer 166 SOCIAL SEC 215-14-		Min 17 INFORMANT Cather		Bel . Comer	RESS	as 1	shire 3a-e.
7	CERTIFICATION	Conditions, if all gave rise to it couse (a), state underlying country of the Condition of	mmediate fing the ise lost	DUE TO, OR    b)  DUE TO, OR  (c)	R AS CONSEQUENTING TO CONTRIBUTING TO CONTRIBU	JENCE OF	CONTROL OF THE PROPERTY OF THE	THE TERMINE	VAL DISEASE OR CO	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
7	MEDICAL CERT	226 Learnity that	CAUSE OF DEATH DICAL EXAMINER)  URRED  WHILE  VORK	P.A.  21e PLACE C (AT HOME, STRI	M. MONTH E  M.  DF INJURY  BET, FACTORY, OFFICE,	19 FARM, ETC.)	211 LOCATION STREET	1965	CITY OR	Just.	COUNTY	STATE that (1) XX lost causes stated
	0	IN PHYSICIAN'S Richard		75m	pre	for h	72+ ADDRESS		MEDICAL ST DIRECTOR PHY			ine, 81
	(:	SURIAL, CREMATION SPECIFY) Bur  JNERAL DIRECTOR	ial	236. DATE <b>Ø-</b> 29	9-81 R	est H	aven Ce	matory emete:	23d LOCATION CITY OF TOWN	erstown	n Wash	n. Mb
	24 FU	11444	Penna.	Ave,	r Funer Hagers	yown,	aper MD 217		REC'D. BY REGISTRA	ARIZSE REGISTR	AR'S SIGNAT	URE

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicion.

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending planded be detached for use as the buriol-transit permit. Then please terment stations with the State Dept. of Health and Mental Hygiene prior to buriol, cramation, or remi



injury, ar ather traumatic event, th

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
1	DECEASED NAME FIRST Edward		illiam		ooey	June 16,	MONTH DA	Y YEAR	GIOP N
	3 SEX	4 RACE	100	5. DATE (		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
L	male	white	9	Octo	ber 16, 1914	66	YRS		MIN MIN
	West Virginia  76. CITIZEN OF V USA		WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH Washington			WD
1	Hagerstown	idian Lan	LI, NURSING HOME OR OTHER INSTITUTION  GIVE STREET ADDRESS)  Lane  (TYPE OF YOU  Ta			ON WORKING LIFE)	12b. KIND O INDUSTRY	OF BUSINESS OR	
		NOTHER INSTITUTION	GIVE RESIDENCE BEFORE Hagerst		13d INSIDE CITY LIMITS?	13e STREEL ADDRESS 82 Indian	Lane		
	4 FATHER'S NAME Edward	MIDDLE	Cooey		15. MOTHER'S MAIDEN NA MYTTLE	WE	1	Charn	lock
1	60 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	212-38-94	432	Jean E. Co	Md.			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							0
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19h. COND	ITION FOR WHICH	OPERATIO	N WAS ERFORMED	28s AUTOPSY? YES NO		979 WERE FINDING OG CAUSES	NGS USED OF DEATHY
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER NOTHEY MEDICAL EXAMINET STATE OF THE CONTRIBUTION OF T	P.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
ı	WHILE NOT WHILE AT WORK	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN						COUNTY	STATE
	22a I certify that (I) (this hosp saw the deceased alive ar abave, (I) (we) (did) (d.d.	June	16 19 6		nd that in (my) (our) apinion	death accurred an the do	te and hour o		that (I) (we) last causes stated
	226 SIGNATURE	16	1	mo		MEDICAL STAF	F IAN 🗍	6/1	17/81
	L. L. Packe	er, Jr.	, M.D.		145 W. Wa	shington S	St., 1	Hag.,	Md.

shauld be detached for use as the burial-transit permit. Then please remove carban aper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal IMPORTANT: If Item 21 is marked ar Item 18 shaws any etained by the haspital or attending physician TO FUNERAL DIRECTOR: TO HOSPITAL BP

After this certificate has been

OR ATTENDING PHYSICIAN: The low

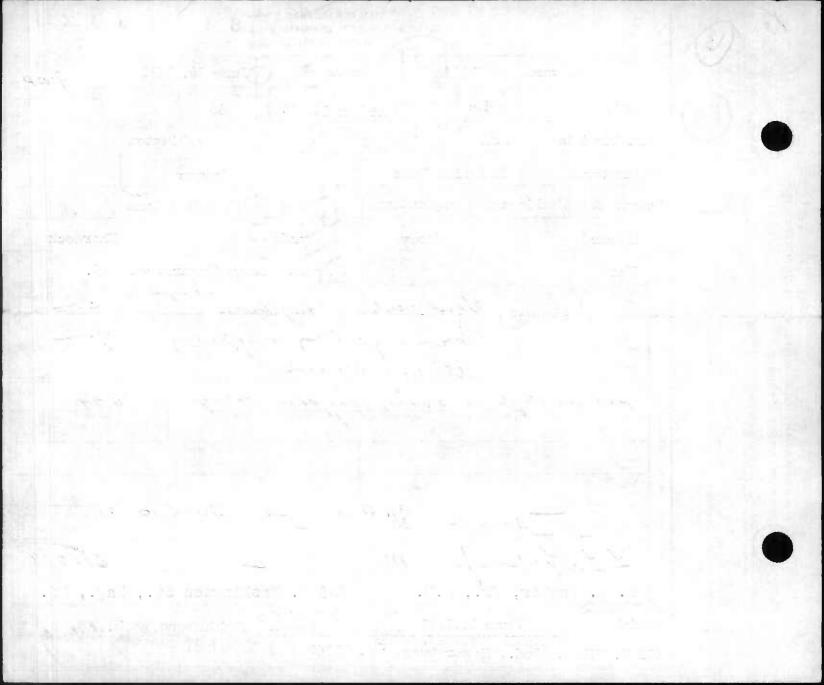
DHMH - 16 50M 1/81 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL burial June 20,1981 June 20,1981 Brethren Cemetery

24. FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

Smithsburg, Wash., Md



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death. Page 4 may be

completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. af Health and Mental Hygiene priar to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical example

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STAT	TE ISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
1. DECEASE		FIRST		MIDDLE	Ł	AST	20 DATE OF DEATH		DAY YEAR	2b. HOU	R
1120		Ced	cil C	arson	CO	OK	June 1, 1	1981		8:00	) A
3. SEX mal	le		4. RACE <b>whi</b>	te	S. DATE O		6 AGE (IN YEARS LAST)		IF UNDER I YEAR	IF UNDER HOURS	24 HRS MIN.
COUNTR	ACE (STATEORE	OREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	. washi	OR COUNTY	OF DEATH		MD.
Hagerstown  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE SPREET  259 Daycotan				Appress) Avent		12a USUAL OCCUPA (TYPE OF WORK FOR MOS Sheet ME		126 KIND C	aft F	ss or act.	
Mary	land	Vashi	other institution	GIVE RESIDENCE BEFORE TO WE Hagerst	own	13d INSIDE CITY LIMITS? YES X NO	259 Day	cotah	Avenue	9	
Wal	SNAME llace L.		WIDOFE	LAST		Lillie Bel	le Shipe MIDDLE		LAS	т	
	DECEASED EVER		MED FORCES? E WAR OR DATES)	214-09-9		Beulah M.	Cook, Hage	erstowi	n, Md.		
18. C	AUSE OF DEAT	H (Enter on	ly ane couse per	line far (o), (b), an	dic Se	vere anemia 8	leukocyto:	sis	APPROX BETWEEN	IMATE INTER	VAL DEATH
PART H	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA  Hypertensive & arteriosclerotic  199, DATE OF OPERATION  199, CONDITION FOR WHICH OP					art disease.	MINAL DISEASE OR CO  Osteoarth 1200 AUTOPSY?	ritis.	, WERE FINDIN	NGS USED	
F							YES NO	IN CERTIFYING CAUSES OF DEATH?			
S OR CO	ACCIDENT WAS UND ONTRIBUTING () C EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH DA M.	AY YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
WHIL AT WO	INJURY OCCURE  LE NOT WH  AT WOR		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CITY OR	TOWN	COUNTY	Si	TATE
5	certify that (I) saw the decease abave, (I) (***X(c	d alive on	May 20	e deceased fram	Dec. 81 or	$\frac{15}{10}$ , 19 $\frac{78}{10}$ apinia		date and have		that (IX(2)	,
0	27b. SIGNATURE  27d. PHYSICIAN'S NAM				ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL ST	AFF SICIAN []	224. DATE			
220. F	W. T. I					301 E. Antie		, Hager	stown,	MD.	
buria	al		June 3	3,1981 C		EMETERY OR CREMATORY Lawn Mem.P	ark Hager		Wäsh.		ÿlan
N	AAAF			AL HOME Hagersto	wn, N	id. 21740 250 DA	ATE REC'D. BY REGISTRA  1981	R 25b REGIST	RAR'S SIGNAT	URE by	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

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	the law requires that the death certificate be executed within 24 haurs after death. Page 4 may	1
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	TO HOSPITAL OR ATTENDING PHYSICIAN: Th	etained by the haspital
	SPIT	P
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after dear with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked at Item 18 shows any

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STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL HYCHME

1	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.					
	ECEASED NAME FIRST PE OR PRINT) AESTE	R JAMES	CREACER	20. DATE OF DEATH M	ONTH DAY YEAR 8 3, 1981	2b. HOUR			
3 SE	Male	white	5. DATE OF BIRTH MONTH DAY YEAR  JULY 10, 1925	6. AGE (IN YEARS LAST BIRTHI	YRS. DAYS	IF UNDER 24 HRS. HOURS MIN.			
	COUNTRY) Pa.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED !	Hagersi	Loun-Wa	shington			
1	LITY OR TOWN OF DEATH  11.  LAGE VS LOWN  JAL RESIDENCE (IF NURSING HOME OR OTH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	TYPE OF WOLLER MOST OF	IZD. NOVE	/			
130.	STATE NO. COUNTY	Iton Me Conne	VN 13d. INSIDE CITY LIMITS	Stav Rt	RDI	/			
	Chester U	Greag	er Cafferi	ne	Katst	aw			
	WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE YA)		17. INFORMANT -8828. A. LOUISE (	reages Ribil.	M'Connells	busy ta			
	PART I. DEATH WAS CAUSED BY IMMEDIATE C	(AUSE (o) CACOIO	RESPIRATURY	arness	APPRO) BETWEEN	XIMATE INVERVAL LONSET AND DEATH			
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	(b) CONSEQUENTED TO THE TOTAL OF AS CONSEQUENTED TO THE TOTAL OF THE TO	upic mycian	<del>\}</del>					
NO	PART 2 OTHER SIGNIFICANT CON	(c) IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDI	TION GIVEN IN PART 1	(0			
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?				
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	PAY YEAR	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)				
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	N COUNTY	STATE			
	22g.1 certify that (1) (this hospital) sow the deceated alive an above, (1) (wt) (did) (did not) vi		, and that in (my) (our) opini	on death accurred on the date	e and hour and from the				
	220. SIGNATURE	the no	DEGREE  ATTENDING PHYSICIAN  122e ADDRESS		_ /~/	4/F/			
	O. Wooster		King Sty	Hagerten	n, M				
L	(SPECIFY) Burial	June 6, 81 23c.	MAME OF CEMETERY OR CREMATOR	Na Connell	bug Full	m. Pa.			
1	oy & Dawson, 10	37 Dua 1Ph, Ha	gers fown, MI IL	N121981	b. REGISTRAR'S SIGNA	TURE			

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

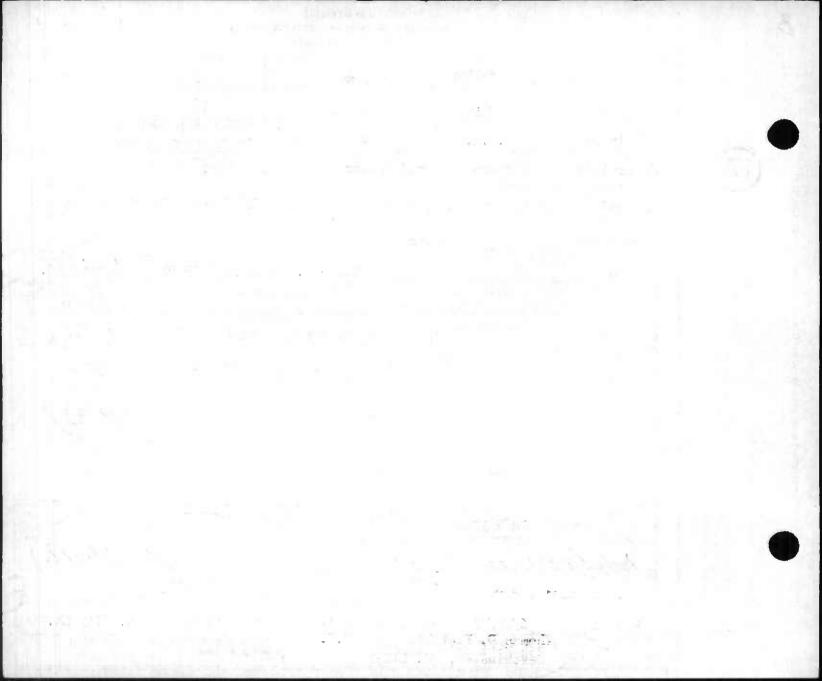
with a series that Hay in the contrating to May colored the state of the first that I have the A FESTER Williams of State CR. K. B. K. etherfor the end of the state of the state of of the most of the property of the property of the second of the second

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 retained by the haspital or ottending physician.

		FOR STATE REGISTRAR		RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		) d	20
		CEASED NAME FIRST OR PRINT)	+ Walker	0-	LAST	La. Divis or Dervis	2-81	YEAR	2b. HOUR 9:20a.
1	3. SEX	Margare	1. RACE		ulver Of BIRTH	6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HE
		Female	White	MONI	5-26-02 YEAR	78	YRS.	THS DAYS	HOURS MI
35		RTHPLACE (STATE OR FOREIGN OUNTRY) Baltimore	76. CITIZEN OF WHAT COUNTR	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Mashingto			
71		ry or town of death Hagers town	WESTER HASPITAL, NUR			120 USUAL OCCUPATION OF THE OF WORKINGS OF		126. KIND O INDUSTRY	F BUSINESS (
35	13a. S	TATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEINTY OR TO Hager	NWC	13d. INSIDE CITY LIMITS?	13 SPEET APPRESS	ylvania	Aven	ue
10	14. FA	THER'S NAME FIRST Charles	MIDOLE Walk	er	15. MOTHER'S MAIDEN NA/ Leatha	ME MIDDLE		FOX	
		(AS DECEASED EVER IN U.S. A) ES, NO OR UNKNOWN) (IF YES, G)	RMED FORCES? 16b. SOCIAL SE	CURITY NO.	Doris C. Pohlhaus 1439 Old Taneytown Rd.				
injury, or other troumotic e	NOI	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF THE CAUSE (6) COPONAR OF THE CAUSE (C) CARDIOM CONDITIONS CONTRIBUTING TO	DUENCE OF y hear DUENCE OF egalia	t disease and . ASHD. ASCV	D, generali	zed.	minut years	
>	CAT	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	G CAUSES	GS USED
9	T					YES NO	YES [		NO [
Hem .	JICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR				-1	
rked or Item 18 shows on	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	19	216. HOW INJURY OCCURP 216. LOCATION STREET		RY IN ITEM 18, PART	-1	
Item		OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this has sow the deceased dive on above, (I) (twe) (dip) (did not be conserved).	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET  h 18 , 19 81 and that in (my) (our) opinion of	CITY OR TO	RY IN ITEM 18, PART I	COUNTY	STATE
If hem 21 is morked or hem 1	MEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE AT WORK  22o. I certify that (1) (this hasp sow the deceased dive or above. (If (we) (did) (did in  22b. SIGNATURE	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI  110) ottended the deceosed from Jime 12  15  15  15  15  16  17  18  18  18  19  19  19  19  19  19  19	CE, FARM, ETC )	216 LOCATION STREET  1 8 19 8 1 19 8 1 19 1 1 1 1 1 1 1 1 1 1	CITY OR TO  , to June 12  depth occurred on the de	wn 19 <sup>E</sup> ote ond hour on	COUNTY  d from the county	STATE STATE
Hem 21 is morked or Item 1	MEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this has sow the deceased dive on above, (I) (twe) (dip) (did not be conserved).	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFI  Ditol) ottended the deceosed from Tune 12  Ott) view the body ofter deoth.	CE, FARM, ETC )	216 LOCATION STREET  1 8 19 8 1 19 8 1 19 1 1 1 1 1 1 1 1 1 1	CITY OR TO  TO JUNE 12  deoth occurred on the de	wn 19 <sup>E</sup> ote ond hour on	COUNTY  d from the county	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computerly filled in as the fushould be detached for use as the buxial-transit permit. Then please remove carbon potent. Then the first with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event. In medical commitments be confined.

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

1	6	3	2	1

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	WIDDLE	VI TALL DE LA	LAST .	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
(TYPE OR PRINT) Charle	es Wm.	De	ennis	June	13 1981 6:00P M	
3. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.	
Male	Black		6 1912	68 YR	MONTHS DAYS HOURS MIN.	
70. BIRTHPLACE (STATE OR FOREIGN	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNT		D MEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
Ga. U.S.A.				Washington Co. MD.		
10. CITY OR TOWN OF DEATH 11. NAME OF HO		DSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS]		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR NG LIFE) INDUSTRY	
Hagerstown	Washington		pital	Custodian	Tool Co.	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE	INTY 13c. CITY (		138. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	nklin Way	nesboro	YES NO	251 Wayne A	ve.	
14. FATHER'S NAME FIRST Celus	Denn	AST G	15. MOTHER'S MAIDENNA FIRST Ruth	WE	Stone LAST	
160. WAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRESS O	51 Wayne Ave.	
	IVE WAR OR DATES)		75 1.77 55			
Yes   W		-01-3917	Estelle W.	Dennis W	aynesboro, Pa.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH	
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly one cause per line for (a) ED BY:	), (b), and (c).)	n 8 1	Land	BETWEEN ONSET AND DEATH	
IMMEDIA	ATE CAUSE (a)	- Ly	many 1	,	7,	
1211	DUE TO, OR AS A CO	SEQUENCE OF	· Carina	a day Ctor	rach 7 months	
Canditians, if any, which gove rise to immediate	(b)(l)	asavo	Corumn	you grown along	Gen / Transition	
cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF		0		
DART 2 OTHER SIGNIFICANT	(c)	NC TO DEATH BUT	NOT BELATED TO THE TERM	AINAL DISEASE OR CONDITION	CIVEN (NI DADT 1(=)	
	CONDITIONS CONTRIBUTE	ING TO DEATH BUT	NOT KEERIED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN BY PART 110	
190. DATE OF OFERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATIO	N-WAS PERFORMED		YES, WERE FINDINGS USED	
I 11/80	Carino	ma Is	tomach	YES NOT	ERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)	
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)	
		TH DAY YEAR				
OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION		COUNTY STATE	
WHILE NOT WHILE AT WORK	( AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE	
220.1 certify that (1) (this has	pital) attended the deceased	from A/S	19 80	to me	319 8 /, that (N (we) lost	
saw the deceased alive a above Hi well idid idid i		19 0/	nd that in (my) (our) opinian	death accorred in the date and		
22b. SIGNATUIL		1-	DEGREE		27c. DATE SIGNED	
Shull	men)	Jan 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-19-81	
22d. PHYSICIAN'S NAME	OFFINITI .	/	22e. ADDRESS			
Robert J. Tr	ace Jr.		138 E. Anti	etam St., Hage:	rstown, Md.	
230. BURIAL, CREMATION, REMOVA		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE	
Burial	6/17/1981	Green H	Iill Cemetery	Wayneshoro	Franklin Panna.	
24 FUNERAL DIRECTOR	X.	DDRESS 50 S.	Broad St. BNA	LE REC'D BY REGISTRAR 25L REC	GISTRAR'S SIGNATURE	
Navia 40	sure i	Vaynesbor	o. Pa.	0 - 1001		

DHMH-16 30M 2/80 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

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	en eral fer i	X.	บากปลอกบา	Templates 1	.note
		Well	tal		and a
. History a		. (174.)	W225 - A 145.	A PER ME	
• 12	Le Jan St., Harrin	138 \$115.		.50 00 00	b standal
ensal milaner	e out more all	Constitution of the	Si Iron Si Si Marianti		

6	4	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	8 2 8
	8 A S A	(TYI	Vesta	Pauline Deunis 20 Date Known month	e 26 1981 12 35
•	S NECESSARY, P.E.F. FUNERAL DIRECTOR 5 FOR YOUR TO D, WITHIN 72 HO W, PRESTON STRE	Je. B	ale White RTHPLACE (STATE OR REIGN COUNTRY)  arvland	5. DATE OF BIRTH MONTH DAY YEAR AD PI 1 11 OF 76RS.  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTHS DAYS HOURS MIN. PRONOUNCED DEAD  7. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   PRONOUNCED   WIDOWED   DIVORCED   WAS ALTIMORE CITY OR COUNTY WIDOWED   DIVORCED   WAS ALTIMORE CITY OR COUNTY WIDOWED   DIVORCED   WAS ALTIMORE CITY OR COUNTY WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120. USUAL OCCUPATION (TYPE OF WORK)	DAY YEAR 2d. HOU 26 19 S/ SF
	LY DELAY IS TO 3 TO THE TAIN PAGE UID BE FILE ORDS, 301	Ha	gerstown TRESIDENCE (IF IN NURSING HOME O	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Washington County  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  FOR MOST OF WORKING LIFE)  Accountant	OR INDUSTRY Office
	FORM PM 3. REI	14. F.	nnsylvani a htter's name harles has deceased ever in u.s. arm	Phila.  YEST NO I IIII Walnut St  MIDDLE  LAST FIRST  Dennis  Leila  AED FORCES? IN SOCIAL SECURITY NO. IV. INFORMANT  ADDRESS	ust Gossard
	XECUTED WITHIN 24 HO G". IN PENCIL IN ITEM 11 'AL EXAMINER ALONG BURIAL TRANSIT PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL.		PART I DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	DBY: House to 1860 (22 diameter 1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON OF VITAL RECO	T DECRASED NAME [TITE OF PRINT]  1. SEX  1. RACE    CANDIDOR   CANDIDOR   CANDIDOR	HOUR A.M. MONTH DAY YEAR	20. AUTOPSY?  YES NO PART 2)		
DISIAID	DICAL EXAMIN TE THE CERTIFIC THE SHOULD BE NERAL DIRECTO DEATH, WITH TE ORE, MARYLAN	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK  220. I certify that I taak charge death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME	211. LOCATION STREET CITY OR TOWN  c af the remains described above, held an Autapsy , Inspection , Inquiry , and in my coll causes , Accident , Suicide , Homicide , Undetermined manner ,  TITLE (SPECIFY)  M.D. OPT M.D. OPT MEDICAL EXAMINER SIGN	ounty state  pinian  SED Tune 2 6, 188
El	BP	В	URIAL, CREMATION, REMOVAL 23 2 PECIFY 2 PT 2 JU	me 31, 81 Rose Hill Clearspring, Wa	UNITY STATE USH. Md. SIGNATURE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE

6	8	2	9

- STATE REGISTRAR		CERTIFICATE OF DEAT	TH REG. I	NO.	
I. DECEASED NAME FIRST (TYPE OR PRINT) Lucy	Doris	DETRICH	June 18,		AR 2b HOUR
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST E		YEAR IF UNDER 24 HRS
female	white	Dec. 31, 191	7 63	YRS.	DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN Virginia	76 CITIZEN OF WHAT COUNTRY  USA	? 8.  MARRIED X NEVER MARR WIDOWED DIVORC	Washingt	or county of deat ton	TH
Hagerstown		ounty Hospital	124 USUAL OCCUPA (TYPE OF WORK FOR MOST clerk	OF WORKING LIFE) INDUS	nd of BUSINESS OR STRY rug store
Maryland Wa	or other institution give residence befountly 13c CITY or to vashington Hager	stown YES X NO	□ 327	Avon Road	
14 FATHER'S NAME FIRST Albert D	. Bristol	15. MOTHER'S MA	iolet L. Ralstor	1	LAST
160 WAS DECEASED EVER IN U.S. (145 NO OR UNKNOWN) (14 YES. (	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 214-09-4	URITY NO. 17 INFORMANT	Detrich, Hager	RESS	
	DUE TO, OR AS A CONTEDIOR	per Jense	HE TERMINAL DISEASE OR COI	NDITION GIVEN IN PAI	RT 110
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	D 20a AUTOPSY?	20b. IF YES, WERE FI	
00 000 100 100 100 100 000	DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJ		
WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC ) 21f LOCATION STREET	CITY OR T	OWN COUNT	TY STATE
saw the developed alive of above (higher did) (did	pital attended the deceased from pn19 not view the body after death		opinion death occurred on the	dote and hour and from	, that (I) (we) lost in the couses stated
226. SIGNATURE  Cree h  22d. PHYSICIAN'S NAME (179)	Dablal		IDING MEDICAL STA	AFF /	-19-81
Eric M. Wage			Housell Dd. U.	anat am	אם אסטיכ

Rose Hill Cemetery

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

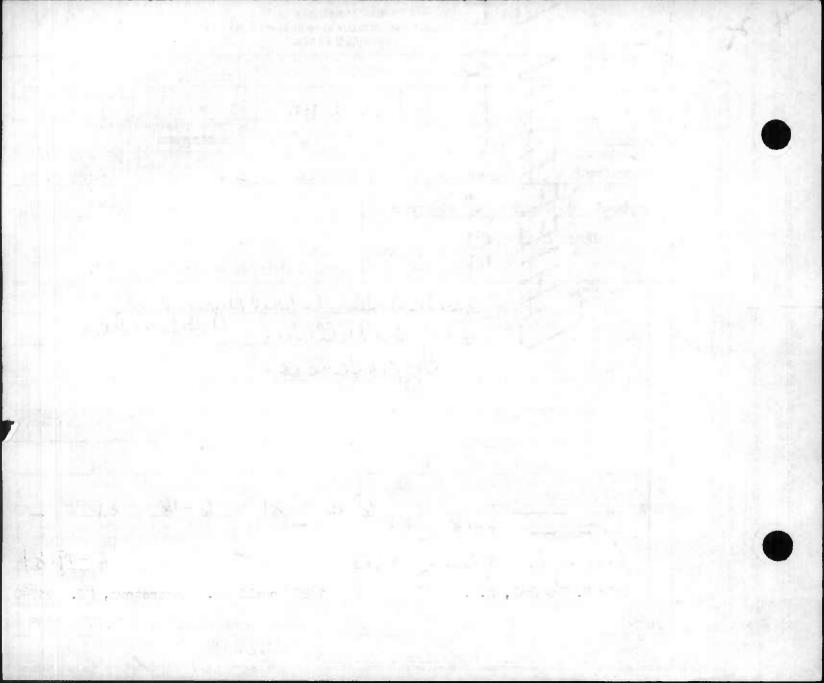
should be detoched for use os the buriol-tronsit permit. Then pleos with the State Dept. of Heolth and Mental Hygiene prior to buriol, IMPORTANT: If Hem 21 is morked or Item 18 shows ony

> 24. FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

June 22, 1981

230. BURIAL, CREMATION, REMOVAL burial

Hagerstown, Wash., Maryland



# OR ATTENDING PHYSICIAN: The law requires that the death certificate be

page 3

campletely filled in

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

retained by the haspital ar attending physiciar

HOSPITAL

STATE OF MARYLAND

1 - STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF	DEATH	SIENE ()	REG. NO.	•		
1. DECEASED NAM	E FIRST		MIDDLE	L	AST		2a. DATE O	FDÉATH M	D HTMC	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Dulaney	My	erely	DIFF	FENDAL			June	19,	1981	9ª M
3. SEX		4. RACE		5. DATE C			6. AGE (IN	YEARS LAST BIRTHE		IF UNDER I YEAR	IF UNDER 24 HRS
Male		White		Jar	1. 11	, 1914		67	YRS.	NONTHS DAYS	HOURS MIN.
Ja. BIRTHPLACE	STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8		MARRIED -	9 BALTIMO	RE CITY OR		OF DEATH	
Marylai	nd	U.S.	Α.	WIDOWE		ONORCED [	\ \ \	VASHING	TON		MD.
10 CITY OR TOWN			HOSPITAL, NURSIN		OR OTHER IN	STITUTION		OCCUPATION			F BUSINESS OR
Hagerst	own	Washin	gton Cour	ity Ho	spita	1		rvisor	OKKIINO (IF)	Aiı	rcraft
USUAL RESIDENCE 136. STATE	(IF NURSING HOME OF		GIVE RESIDENCE BEFORE		1 13d. 1NS IDE	CITY LIMITS?	13e. STREET	ADDRESS			
Marylan		nington	Smithsbu		YES 🗌	NO X	Rt.		# 27		
14. FATHER'S NAME		WIDDLE	LAST			S MAIDEN NA	AWE	WIDDIE		LAS	
Charle	S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Diffenda	]	Net	tie		7110016		Myei	rly
160 WAS DECEASE		MED FORCES?	16b. SOCIAL SECU		17. INFORM	ANT		ADDRESS	5	45 51	
no	(IF 123, GI	TE WAR OR DATES	214-09-9	9766	Ruby	Differ	ndal	item	# 13	above	
couse (a), underlying	to immediate stating the couse lost.	(c)_	OR AS A CONSEQUE		NOT RELATE	D TO THE TERM	MINAL DISEAS	SE OR CONDI	TION GIV	EN IN PART 16	01
		L	Auioses			tout ?	Die				
19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO		IN CERTIF	, WERE FINDING YING CAUSES	
	WAS UNDERLYING [ING CAUSE OF DE	AIT		AY YEAR	21c. HOW	NJURY OCCUR	RRED (ENTER N.	ATURE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)	
OR CONTRIBUT  (IF EITHER, NO  21d. INJURY (  WHILE  AT WORK	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCAT			CITY OR TOWN	ŧ	COUNTY	STATE
sow the oboxe, (	deceased alive or (we) (did) (did no	18 July			nd that in (m	19 <u>6</u> () (our) opinion	, to	ed on the dote	-	ond from the	
27h SIGNA	5	< =	5	- w	DEGREE	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIA	N D	22t DATE	SIGNED Sume A81
	AN'S NAME (TYPE	10			22e ADDRI			200			
Dr.W	illiam N.	.Fender	M.D.		138	E.Anti	etam Si	t. Hag	gerst	own, MD	21740
23a BURIAL, CREM	ATION, REMOVAL	23b. DATE	235	NAME, OF	EMETERY	CREMATORY	23d. LOC	ATION		COLINITY	CTATE

BP

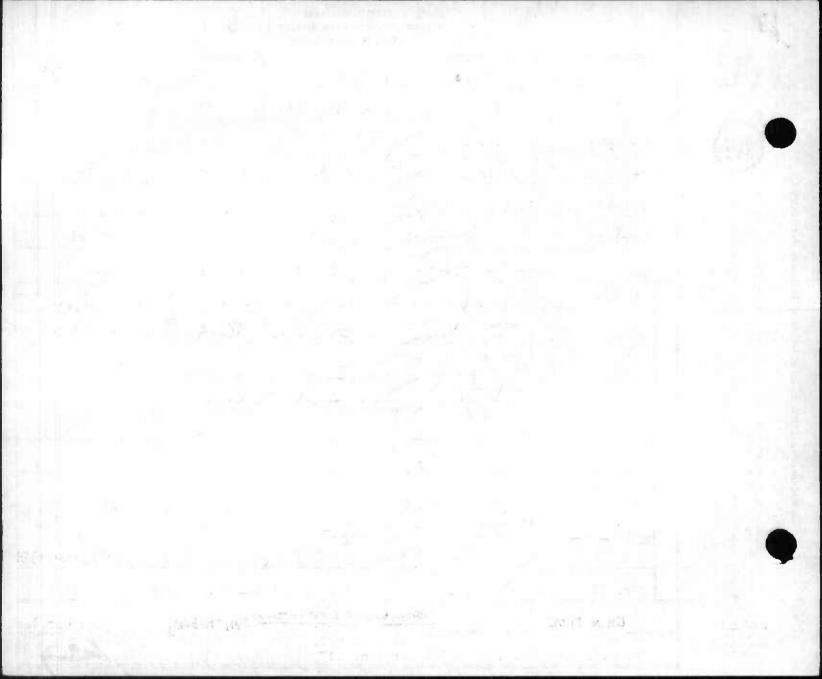
24 FUNERAL DIRECTOR
Major M.Osborne DHMH-16 30M 2/80 (VRA 15, 4)

BREMATION June 29.198 Gedar

Williamsport,

Sage habor Washington Maryland

25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE P.O.Box # 348 Maryland 21795



B	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	16831
. m.s		CEASED NAME FIRST		WIDDLE	LA	ST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
pe pe		Davi		eorge I		augh, Sr.	AGE (IN YEARS LAST BIRTHDAY)	17 1981 M
Charl	3. SE	X	4. RACE		5. DATE OF	DAY YEAR		MONTHS DAYS HOURS MIN.
HAF	7a B	Male RTHPLACE (STATE OR FOREIGN	Whi.	te WHAT COUNTRY?	June		9. BALTIMORE CITY OR COL	UNTY OF DEATH
1 12 076		COUNTRY)			MARRIED	NEVER MARRIED DIVORCED	Washington	
e fun		ennsylvania ITY OR TOWN OF DEATH		. H .	HOME OF	OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
by the filed with	H	gerstown		ngton Coi		Hospital	Foreman	Railroad
212 hour hour din dibe f	USU	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE A	(DMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
AND n 24 hould			ningtor	Hagerst	own	YES NO	2105	Virginia Avemu
ARYL within oletely and 2 s	14. FA	ATHER'S NAME	MIDDLE	LAST	1000	15. MOTHER'S MAIDEN NA	WE	LAST
A months of the state of the st		Elmer	L.	Drawbau	igh	Susan 17. INFORMANT	ADDRESS 7	Beidelman
MORE e execu		YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?					.17 Haven Road
BALTIMO cote be exc ysicion one opers. Pog wol. it, the med		Yes  18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)		705-10-6		David G.	Drawbaugh Ha	gerstown MD  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cert and by the ottending please remove carbon, or remove carbon, or reconstruct, or other troumatic es		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, (	OR AS A CONSEQUEN	NCE OF		e infare to,	
	z	PART 2. OTHER SIGNIFICANT		W. Ulsh.		NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
RECOR	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH (	*	I WAS PERFORMED	20g. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
V OF VITA SICJAN: TH ng physicic certificate riol-tronsit entol Hygie frem 18 shg		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH DA' P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITI	EM 18. PART I OR PART 2)
DIVISION OF VITAL  NG PHYSICIAN: The  orthorning physicion  ther this certificate h  os the buriol-transit  not and Mental Hygiosit  orked or tem 18 show	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACI	E OF INJURY STREET, FACTORY, OFFICE, FA	RM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN aspitol or ICTOR: Afr of for use of for use of the of the of th		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did)	n	6/14/19 3	, one	d that in (my) (owr) opinion	,	d hour and from the causes stated
AL OR the hour DIRE etoche te Dep				Horn Gales			MEDICAL STAFF DIRECTOR PHYSICIAN [	22c. DATE SIGNED 6-15-81
TO HOSPITAL retoined by the TO FUNERAL should be deal with the Store MPORTANT:		22d. PHYSIGIAN'S NAME (TYPE		BAKER	7.		E. FIRST ST RSTOWN F	OYTHE AN
5 5 5 5 <u>8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8</u>		BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY
BP		Burial					rey Hagersto	
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	uneral director Rest 1601 Pen		Funeral e. Hagers			PAC D BY REGIGNERAR 256 R	PGISTRAR'S SIGNATURE

decident and a second of the college Manager and the control of the contr - p. - ct. Cow. joven Curent of No. 2 Sudh Rell.

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MAK	₩ Þ	and 2
JKE,	xecute	ges 1
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, a	ficate	physic pape naval
2	h cert	ding orbar ar rer
KES I	deat	atter nave atian,
DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTLAND 21201	at the	se ren
707	ires th	n pleo burial
OKDS	requ	t. The
LKEC	ie law	has b
¥	hysicio	icate ransit Hygie
o z	SICIA	certif urial-t
OISIO	3 PH)	the band A
<u> </u>	NIQ7	R: After
	ATTE	d far t. of H
U	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of in the shate Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
,	SPITA d by	NERA be de
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7	2 9	- vs >

must be natified

MMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

Ľ	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	ECEASED NAME FIRST	/	MIDDLE		AST	20. DATE OF DEATH MON	TH DAY	YEAR 2b. HOUR
,	Helen	Miller	2	Drig	gers	June 27.	1981	A
3. SE		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		
	Female	Mh	ite	Dec	0 .000	72	YRS.	DAYS HOURS MIN
70 B	BIRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8	٠, ١/٥٥	9. BALTIMORE CITY OR CO		ATH
(	COUNTRY)	70. CITIEET OF			D NEVER MARRIED	_		
	arvland	U.	S. A.	WIDOWI	DR OTHER INSTITUTION	Washington		MD KIND OF BUSINESS OR
10 0	CITY OR TOWN OF DEATH		H FACILITY, GIVE STREET		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WO		USTRY
	Hagerstown	11 00 00 = 0	ington Co			Hostess	Re	staurant
	JAL RESIDENCE (IF NURSING HOME STATE 1136 CO	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS		
		shington	Hagers		YES TO NO	67 North A	venue	
14. F	ATHER'S NAME			001111	15. MOTHER'S MAIDEN NA	ME		
	FIRST	MIDDLE	LAST		Mildred	MIDDLE	Day	LAST
140	Samuel Was deceased ever in u.s. A	James	Miller 166 SOCIAL SECU		17 INFORMANT	Ann ADDRESS		eston
100.		GIVE WAR OR DATES)	100 SOCIAL SECO	KIIII IVO.		01	1102 011	
_	No		261-01-	5038	C. Walter M	filler Hage	rstown,	
	18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b) one	d (c)			BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a)	Carrie	an	eret -		R	mare levile
	141110		R AS A CONSEQUE	NCE OF				1
	Conditions, if any, which	10,0	lan medi	7	Kait Z.	Lear		randle,
	gove rise to immediate	) (6)			2			
	couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	NCE OF	La fin to	the man		wears.
		(c)	RAMILLA	LENG	orror per	THE RESERVE OF COMPLETE		ADY II
Z	PART 2. OTHER SIGNIFICAN	I CONDITIONS CO	SNIKIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	ATNAL DISEASE OR CONDITION	ON GIVEN IN P	ARTIGO
CERTIFICATION	'any	longue	. Heen	un	Superceller	a flectiones	very 6	FINDINGS USED
δĀ	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			AUSES OF DEATH?
						YES NO	YES 🗍	NO 🗌
Ü	210. ACCIDENT WAS UNDERLYING	LIOUD A	FINJURY M. MONTH DA	AV YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR P	PART 2)
14	OR CONTRIBUTING CAUSE OF I	OLDIN.		19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE			211. LOCATION STREET	CITY OR TOWN	COUN	1974
E	WHILE NOT WHILE T	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIREEI	CITY OR TOWN	Cour	NTY STATE
	220.1 certify that (I) (this ha	coital) attended th	e decented from	free	10 7/ 10 8/	" June	-27 10 0	, that (I) (ma) lost
	sow the deceased alive		- 2. 6 19. A	hi.	nd that in (my) (au-t apinion	death accurred on the date of	and hour and fr	197.7516
	obove, (1) (wet (did) (did	not) yew the body						. DATE SIGNED
	22b. SIGNATURE	1 1 1	/	40	DEGREE	MEDICAL STAFF	220	, DATE SIGNED
	EA	Muy His	work.	MAS	PHYSICIAN E	DIRECTOR   PHYSICIAN		129/1
	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	1		22e. ADDRESS			
	No. 10 to the Salar							
1						In LOCATION		<del></del>

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY
Greenlawn Memorial Pl

Williamsport,

Washington, Md.

A.K.Coffman Funeral Home, Inc., Hagerstown,

25a. DATE REC'D. . BY REGISTRAR 2-1, THE CHAPTER SHIP NATURE

The state of the s section Promise D. Livery, with the book 1991 L. John S. Co., a deat on 1991 to 1991

## TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.

DEPA

STATE OF MARYLAND	674	1	ā	1	// 5	- 9	
RTMENT OF HEALTH AND MENTAL HYGIENE	8	1	1	0	9	3	9
CERTIFICATE OF DEATH		BEC NO					

		CEASED NAME FIRST	MIDDLE	LAS	1 1	REG. NO.	DAY YEAR 2b HOUR	
	3. SE)	James	Henry .	5 DATE OF	RIDTH	6 AGE IN YEARS LAST BIRTHDAY)	26 198/ 6:30	
	3. 02.	mala		MONTH	DAY YEAR	77/	MONTHS BAYS HOURS	
	70. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	RY2 8	19 10	9 BALTIMORE CITY OR COL	JNTY OF DEATH	
35	I i	mary land	USA	WIDOWED	DIVORCED D	Washingt	in Country	
		ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR.	RSING HOME OR	<u> </u>	12a USUAL OCCUPATION	12h KIND OF BUSINES	
70	1	tagerstown	Avalon	manor		Meat Dept. Mg	ing life) industry	
35	139 S	ariyland Tele	ROTHER INSTITUTION GIVE RESIDENCE BER NTY Gany Cumber Cumber	eard.	36 INSIDECITY LIMITS? YES XX NO [	13e STREET ADDRESS Ashland Ave		
	14 FA	John John	MIDDLE DWY		5. MOTHER'S MAIDEN NA Estella	WIDDIE	Druttimond	
2	16a V		RMED FORCES? 166 SOCIAL SE 214-05-		Mr. David E.	James, 800 Ho	elland St. Cumb	
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	OUENCE OF	OT RELATED TO THE TERM That WAS PERFORMED	700 AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH	
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	YES NO	
1	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINER		19	231 COCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TOWN	COUNTY STA	
			sow the deceased alive on	ital) attended the deceased from 119 at) view the body after death.		that in (my) (our) opinion	death occurred on the date and	, 19, that (I) (we I hour and from the causes state
				DE	GREE		22c. DATE SIGNED	
		27b. SIGNATURE W.	am &			MEDICAL STAFF DIRECTOR PHYSICIAN	6-28+1	
			1. D.		22e ADDRESS	**MEDICAL PHYSICIAN [		

DHMH - 16 50M 1/81 (VRA 15, 4)

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X		١.	FOR Items 18a.	DEDA	21 f STATEOF	MARYLAND H AND MENTAL	HYGIENE I	6 8	3 3	4
2	A		STATE Film#G557 REGISTRAR	7-8-81 MEDICA	L EXAMINER'S		OF DEATH REG. NO	,		
			CEASED NAME FIRST	WIDDI		LAST	2a, DATE KNOWN		AY YEAR	2b. HOU
	24.25.7		JAMes .	HAROLD	EICHE	LBERGER	OF ESTI-	JUNE	41981	50
1	25-25	3. SE)	4. RACE	5. DATE OF BIRTH			R 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH D	AY YEAR	2d. HOU
	(5 PAG 5)		MW	JULY 7 3	2 48 YRS.	THE DATE HOUSE	DEAD -	JUNE F		50
	Man de la company de la compan		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARE	RIED TNEVER MAR		7	OF DEATH	V
	ZE 3 /2	10	TY OR TOWN OF DEATH	U.S.A.	NURSING HOME, OR OT	WED DIVOR	TIZO . USUAL OCCUPATION (TYPE		KIND OF BL	M
	DELAY IS TO THE A PAGE SS, 301		ngerstown	(IF NOT IN SUCH FACILITY, GI			FOR MOST OF WORKING LIFE LETTER KE NINY Arm.	2	OR INDUST	RY
201	IF ANY DE 2, AND 3 T SHOULD 8 L REÇORDS	13a. S				13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	4		
AD. 21	H-X-H-C		ATHER'S NAME	MIDDLE	LASTI	15, MOTHER'S MAIL	17100		LAST	
RE,	20 × 4 80-4	1/- 1/	t-nauklin	E ic	hellegger	SACATI 17. INFORMANT	ADDRESS		weir	44.1
LTIMO	AFTER VE PA VE PA 1 FOI 3 SION	(YI		WAR OR DATES)	5-26-5638	NAWCY	Peck Echelberge	me	Conne	NA MA
T., BA	28		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane cause per line far (a).	(b), and (c).)		<del></del>		APPROXIMAT BETWEEN ONSE	E INTERVAL
SNO	24 HC TEM 1 ONG PERMI			TE CAUSE (a) Subd		rachnoid	Hemm.		Hrs.	
ESTO	HIN 24 P. IN ITEM R ALON ISIT PERA HYGIEN		Canditians, if any, which	DUE TO, OR AS A C		MXXX				
, P.	DTED WITHIN N PENCIL IN EXAMINER VIAL-TRANSIT MENTAL HY		gave rise to immediate cause (a) stating the under-	(b) Blun	t Trauma	T XXX	hill xx			
301 V			lying cause last.	(6)	DU	Tobay U	MOLEX			
RECORDS. 3	EXE NG" NCA NCA A 8L TION	7	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN P	PART 1 (a).			
ECO	LD BE PENDI MED AS D AS IEALTI REMA	CERTIFICATION	19g. DATE OF OPERATION	Tigh CONDITION S	OR WHICH OPERATION V	WAS DEDECTRATED?		- 10		0
ALR	O ~ V) H	FICA	THE DATE OF OPERATION	176. CONDITION PO	OR WHICH OPERATION V	VAS PERFORMED?		2	0. AUTOPSY	
E V	WO SE CHEN	ERT	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJUR		OW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	YES X	NO 🗌
ONO	5 1 0 2 5 C 3	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF		15 19 OF H	it to jaw	landing on Flo	or.		Che.
DIVISION	THIS CERTIF WARDED TO WARDED TO WAGE 3 SHO WATE DEPAR	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		OCATION STREET	McConnellsburg			STATE
	E: THIS FE, WR RWAR : PAGI STATE		AT WORK AT WORK	Bar				•		Pa.
	- C Ar III .		22a. I certify that I taak charg	ge af the remains described		psy 📈 , Inspecti		d in my apinia	n	
	EXAMINE CERTIFICA ULD 8E FO DIRECTOR WITH THE		death resulted fram: Natur	al causes : Accide	Suicide L	, Hamicide XX	Undetermined manner,			
	L EXA E CER OULD L DIRI MARY	72	ACTUAL SIGNATURE	delale	lla	TITLE (SPECIFY)	MEDICAL EVANINED	DATE *	June 1	581
	DICA E TH SH VERA VERA ORE,			1 1111/2	)	55	O NOVTIONN AVE	SIGNED	0	2101
	TO MEDICAL EXECUTE THE CPAGE 4 SHOUL TO FUNERAL LAFTER DEATH, BALTIMORE, MY		EXAMINER'S NAME (TYPE OR PRINT)	1.11, Well	22	_ADDRESS	HAGEISTOWN	MD	)	
	PAE PAE BAFI	23a.Bi	URIAL, CREMATION, REMOVAL 2		BE NAME OF CEMETERY	1	23d. LOCATION	COUNTY	7 s)	TAJE
	BP	24 FI	JURIA JNERAL DIRECTOR	6-18-81		emetery	REC'D. BY REGISTRAR 256 REGIS	APAD'S SIGN		A
	DHMH - 17 (VR A15 ME (5))	Z	NAME POPUSI	ADDRESS JOS N/ Se		nnells Aring	UN 2 2 1981	HIVAR 3 SIGN	ATURE	69

person in the committee to invest the person of the person A Local Company of the Local State of the Local Sta

### within 24 hours inquires that the death certificate be executed ATTENDING PHYSICIAN, The law retained by the hospital or ath

TO HOSPITAL

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1	0	G	3	3

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		20
1	. DECEASED NAME (TYPE OR PRINT)	FIRST		VIODLE	73	LAST	2a DATE OF DE		DAY YEAR	2b. HOUR
	Ber	nardina	Не	nneberge	r E	ves	June	4, 1981		7/901
3	3. SEX	4. R	ACE		5. DATE (		6 AGE (IN YEARS	LAST BIRTHOAY)	MONTHS DAYS	HOURS MIN
	Female		White			pt. 8, 1891	89	YRS		NOOK3 I ME
25	a. BIRTHPLACE (STATE OR FI	OREIGN 7b (		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	1000	CITY OR COUN		
151	Maryland O CITY OR TOWN OF DEA	711	U.S.A		WIDOWI	DR OTHER INSTITUTION	Washi 12a USUAL OC	ngton C		
19	Hagerstown		UF NOT IN SUCI	HEACILITY, GIVE STREET Ligton Cou	nty H	ospital		R MOST OF WORKING	G LIFE) INDUSTRY	F BUSINESS
35	USUAL RESIDENCE (IF NUR. 130. STATE Maryland	136 COUNTY		GIVE RESIDENCE BEFORE 136 CITY OR TOW Hagerst	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADI 232 No	oress orth Pot	omac Str	eet
	4. FATHER'S NAME FIRST	Lincoln		nneberge	r	15. MOTHER'S MAIDEN NA FIRST Emma	ME	NODLE	Cooker	1
-	6a. WAS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SECU		17 INFORMANT	100 P	ADDRESS &		
medico	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	R OR DATES)	220-18-2	079_4	Amos F. Eves				
Le l	18 CAUSE OF DEAT PART I. DEATH W	11.5				Amos r. Eves	ger	stown		MATE INTERVAL ONSET AND DEA
any milary, or o	PART 2 OTHER SIGN  THE DATE OF OFERA  TIG. ACCOUNT WALLIN	NIFICANT CON				NOT RELATED TO THE TERM	AINAL DISEASE O	77 L254.1F3	YES, WERE FINDIN	IGS USED
104	NH NH						YES N	O IN CER	TIFYING CAUSES YES [	NO [
m 148	CONTRACTOR OF THE PARTY OF THE	CAUSE OF DEATH	TIB. TIME OF HOUR A.A	M MONTH DI	AY YEAR	21E HOW INJURY OCCUR	RED INTERNATURE	OF AUURY IN THE S	8, FART I DE FART 2)	
0	THE RINGS COLUMN ALDIC STREET OF THE STREET	RED	71s. PLACE C	OF INJURY EST, FACTORY, OFFICE, F	Above State of	311 LOCATION	en	y Dit TOWN	COUNTY	STATE
yes	AT WORK THOSE WA	HUZ C	All Connect Siles	terrine and arrice.	11 0	1	/	A TODAY	61	10000
OH II	22s.t certify that (1)			phoenied from	They	10.89		41	1	that (t) (we)
75	saw the deceas above, (1) (we) (		w the body	ofter death.	0	hd that in (my) jour   opinion	death occurred o	n the date and h	our and from the	causes stated
IT. If her	Th SIGNATURE	Noi	m	un	_	DEGREE ATTENDING PHYSICIAN [	CONEDICAL DIRECTOR	STAFF PHYSICIAN	221 DATE	SIGNED /
MPORTANI MPORTANI	E P	2911	diz	AM		387 July	in elsi	12/04/	Stopest	w, An
\$ 7	Burial CREMATION	THE RESERVE OF THE PARTY OF THE	36 DATE 6-9-81	11977	SO Hi	emetery or crematory	Hager	WN	count Vashinet	state Md
6 2	24. FUNERAL DIRECTOR	1 (		ADDRESS			E REC'D, BY REGI	STRAR 756 FEET	STEARS SHOWN	Ready
- 1	A.K. Coffman	Finers	1 Hom	e Inc 1	Haran	et our Ma	JN 1 1 190	01 /	/	/

Secretary and the secretary of the secre and the second of the second o and the contract of the contra AND CHEST OF CHARLES OF STREET

### executed within 24 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

and campletely filled in by the funeral object of a second object of the second of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical

FOR - STATE

ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

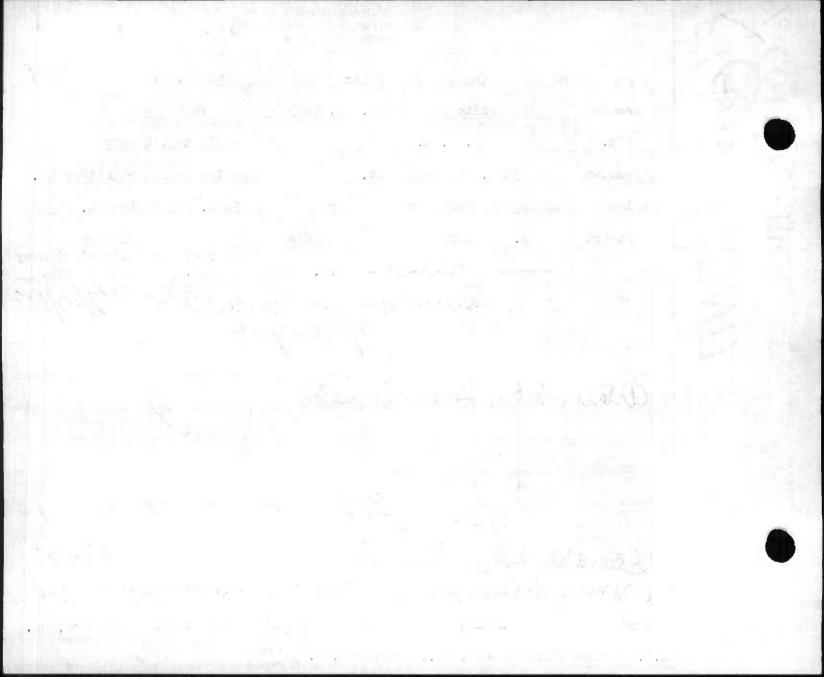
8 6

ъ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Ī	. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YE	AR 2b. HOUR
L	Senora	(nmn)	Foltz	June 14, 1981	3.00 M
13	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I	
1	Female	White	Feb. 2, 1903	78 YRS.	DAYS HOURS MIN.
F	O BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEAT	Н
1	Va.	U.S.A.	WIDOWED DIVORCED	Washington, County	MD.
	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	12g USUAL OCCUPATION 12b KII (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	ND OF BUSINESS OR
1	Hagerstown	36 E. Washingto	on St.	Machine Operator Lea	
	SUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b COU Maryland Wash	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13a CITY OR TOW Lington Hagerston	N 13d INSIDE CITY LIMITS?	36 E. Washington S	+
1	4 FATHER'S NAME	ing oon pager 500	15 MOTHER'S MAIDEN NA		6.
	Robert	F. Barham	Effie	MIDDLE	
l	60 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	PRITY NO. 17 INFORMANT	54090ROld Nation	al Highway
L	No	214-09-	5379-1 H.C. Foltz		
I	18 CAUSE OF DEATH (Enter o	nly one couse of the force), (b), an	dicil no ()	Georgia, 30349	WEDNINGS AND VALUE
ı	PART I. DEATH WAS CAUSE	TE CAUSE ( CAUSE)	rous cell (1)	remme	110179
	1419	DUE TO, O A CONSEQUE	ENCE OF PLANE	. 0	1111
1	Conditions, if any, which	(b)	Tonge		
ı	gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
ł	underlying couse lost	(c)			X 14 (1.5)
ı		The state of the s	DEATABUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1(0)
4	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	South Vomes	OPERATION WAS PERFORMED	Tea MATERIAL TEACHER	110010001000
	S IVI. DATE OF OPERATION	TYB CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FI	USES OF DEATH?
8	21g. ACCIDENT WAS UNDERLYING	7 216, TIME OF INJURY	71r HOW INTURY OCCUR	YES YES YES RRED (ENTER NATURE OF INJURY IN ITEM IB, PART ) OR PAR	NO 🗌
		HOUR A.M. MONTH DA	AY YEAR	CHIER PAIORE OF MOORE IN TERM IB, PART FOR PAR	(1.2)
ı	OR CONTRIBUTING LI CAUSE OF DE (IFEITHER, NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
ı		(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN COUNTY	STATE
ŀ	AT WORK AT WORK		318 6	6 6/14 81	
ı	sow the deceased plive or	ntol) otterded the deceased from_	and that in (my) (our) paintag	death accurred on the date and hour and from	n the causes stated
١	obove, (I) (y E) (did) (did no 26b. SIGNATURE	ot) view the body after death.	DEGREE	The f	Wite Cooses stoled
ı	10a 10	5 0110 1110	11/1/	MEDICAL STAFF DIRECTOR   PHYSICIAN	11461
1	70 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	DIRECTOR   PHYSICIAN	colse
	DONOLDER	LARTIN MO	363 54	evelonel Ave Hose	ind
1	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNT	LIATE
L	Burial	6-17-81 R	ose Hill Cemetery	Hagerstown Washin	
1	74 FUNERAL DIRECTOR	ADDRESS	25a DA	FRECIO, BY REGISTRAR I MALEGISTRAL STIC	SNATURE
1	A.K. Coffman Fune	eral Home, Inc., Ha	agerstown, Md.		Value of the same

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

retained by the haspital ar attending physician.



### STATE OF MARYLAND

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O	4	000	-

1	- STATE REGISTRAR			DEPARTA		ICATE OF DEA			REG. NO.	1		
	ECEASED NAME DE OR PRINT)	Arthu:		obert		ENCH		June	EATH MO		AY YEAR	2b HOUR
3. SE	X		4. RACE		5. DATE O			6. AGE (IN YEAR	S LAST BIRTHD		F UNDER 1 YEAR	IF UNDER 24 HRS
	male		white		Janu	ary 17,	1897	84		YRS.	ONTHS DAYS	HOURS MIN.
	COUNTRY) assachuse		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MAR	RIED 🗍	9 BALTIMORE Was	city or c		OF DEATH	AA
	Hagersto	own	Route		G HOME (		TION	12a USUAL OC (TYPE OF WORK FO carpen	CUPATION PRIMOST OF WI			actor
13a	STATE STATE	113b COUN		13c. CITY OR TOWN Hagers	N	13d. INSIDE CITY YES NO	LIMITS?	13e. STREET AD Roi	oress ite 10	, Bo	x 17	
14. F	ATHER'S NAME  Carl Fr		MIDDLE	LAST		15. MOTHER'S M.			AIDDLE		LAS	51
	WAS DECEASED EV		MED FORCES?	228-10-		Nellie	E. Fr	ench, I	ADDRESS Hager	stow	n, Md	
	18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (o), (b), one	l(c.)						BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH		E CAUSE (o)	Myocar	dial	infarc	tion				Su	idden
	4/0 C Conditions, if o			R AS A CONSEQUE		scleros	is				VO	ars
	gove rise to couse (a), sta underlying cou	immediate oting the	DUE TO, O	r as a conseque		50200					1	
NOI	PART 2. OTHER S	GNIFICANT (	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE O	R CONDITI	ON GIVE	N IN PART 1	0
CERTIFICATION	19a. DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPS			WERE FINDING CAUSES	
	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATUR	E OF INJURY IN	ITEM TE PAI	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC )	21f LOCATION STREET		C	ITY OR TOWN		COUNTY	STATE
34				e deceosed from	, 01	nd that in (my) (au	) opinion o	to 5/	22/8. n the dote	, 1 and hour	ond from the	
	J. SIGITATORY	to	07/11	elle			NDING	MEDICAL	STAFF		22c. DATE	1.2/81

TO FUNERAL DIRECTOR: A should be detoched for use with the Stote Dept. of Heo

DHMH - 16 50M 1/81 (VRA 15, 4)

r use as the burial-transit permit. Theolth and Mental Hygiene prior

MPORTANT: If hem 21 is

230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial

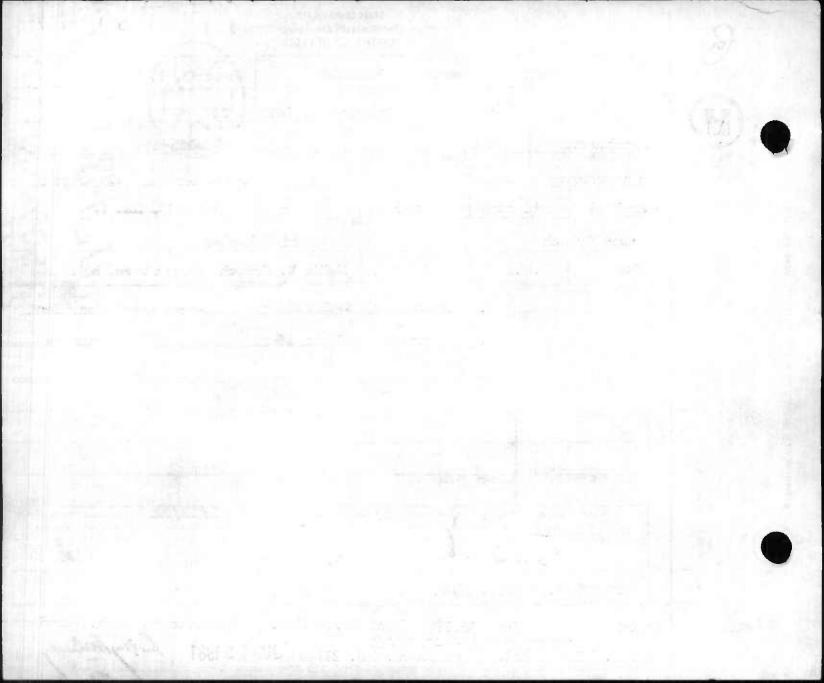
Howard N. Weeks, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

231 NAME OF CEMETERY OR CREMATORY

Hagerstown, Maryland 21740 Hagerstown, Wash., Maryland

Rest Haven Cem. June 15,1981 <sup>24</sup> FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740



A MALE TO BE TO THE OTHER PERSONS ASSESSED.

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es that the death certificate be signed by the offending physicion

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

etoined by the hospital or attending physicio

completely filled in a time it I and 2 should be filled with

Poges 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

IMPORTANT: If them 21 is morked or them 18 shows

injury, or other troumotic

	STA	TE	01	M	ARY	LAND
DEDADTMENT	0.5	ME	AI	TH	AME	MENT

	- STATE REGISTRAR		DEFARIA	CERTII	FICATE OF DEATH	REG. 1	10.	0 0	
	CEASED NAME FIRS	st .	MIDDLE	, ^	LAST	20. DATE OF DEATH	MONTH (	DAY YEAR	2b. HOUR
(TYP	Jack		bert	Har	ris	63781		2. 9007	5:30 PM
3. SE	X	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER ! YEAR	
	Male		Black		6 1934	47	YRS.	MONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGH	N 76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Virginia	U.S.	A.	WIDOW		Washing	ton C	County	MD
10. €	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b. KIND (	OF BUSINESS OR
H	agerstown	Washi	ngton C	ount	y Hospital	Garage	Work	E) INDUSTRY	
USU 13a.		COUNTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
		ash.	Hagers	town	YES X NO		rth S	Street	,
14. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	AST
	Norl		rrison		Virgini			Winst	on
	WAS DECEASED EVER IN U. YES NO OR UNKNOWN) (1E.Y		16b. SOCIAL SECU		17 INFORMANT	ADDI			
	YES (IEY	.955-58 ES	214-32-	4329	Virginia H	larrison :	156 W.	.North	st.
CERTIFICATION	Conditions, if ony, whice gove rise to immedio couse (o), stating the underlying couse los	AUSED BY: EDIATE CAUSE (o)  DUE TO, O  the te he DUE TO, O  (c) (c) ANT CONDITIONS C	PR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COL	20b. IF YES	n e	INGS USED
E E						YES NO	YES	s 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	ART 1 OR PART 2}	
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION			COLUMN	
¥	WHILE NOT WHILE C	AT HOME STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR T	DWN	COUNTY	STATE
	22a. I certify that (I) (this	hospital) attended th	ne deceased from	1/	19 3/	10 6-17		19 3/	, that (I) (we) lost
	sow, the deceased ali	14 - 11	19_0	, .	nd that in (my) (our) opinion	death occurred on the	dote and hour	r and from the	
	1 Mayar	dyota	orrer deorn.		DEGREE ATTENDING PHYSICIAN	TEDICAL STA	AFF ICIAN []	22c. DATE	28-8/
	PHYSICIAN'S NAME (	490124	bal		387 100	h dwar	the fo	rgink	in XII
23a.	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1	COUNTY	STATE
	Burial	Jul.1	1981 N	ew T	own Cem.	Harriso	nburg	Rock	ham Va

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

Jul.1 1981 New Town Cem. Rock ham

25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Description of the second seco will took a remove the land that I have a second the contract the cont Record Warry Son Il George Male was a work of the

1 74 V	1. DECEASED NAME (TYPE OR PRINT)	CAH ELLEN	Hart	2a. DATE OF DEATH	6 21 81 2:30
(in)	3. SEX female	4 RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	YRS.
Y X	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Marvland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		R COUNTY OF DEATH
of the to	Hagerstown		NG HOME OR OTHER INSTITUTION (ADDRESS)	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOUSEWIF	F WORKING LIFE) INDUSTRY
24 hours	USUAL RESIDENCE (IF NURSING HON 130. STATE 13b. C	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR OUNTY 136. CITY OR TOW Shington Big Sy	E ADMISSION) VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS RFD-1	Вож 442
Markey and within	14. FATHER'S NAME FIRST Charles	Mellot:	15. MOTHER'S MAIDEN NA t Martha	MIDDLE	Mosier
in and co	160 WAS DECEASED EVER IN U.S	. ARMED FORCES? 16b, SOCIAL SECT S, GIVE WAR OR DATES)		ick Hart R	RFD-1 Big Spring
p, if core cathyrics crossing greent, the	PART I. DEATH WAS CA		nomatosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
the deat the atten- remove centation, er traum	Conditions, if any, whice gave rise to immediate couse (a), stating the	e	noma of ovar	ry	ALE.
gned by on please burial or rry, or oth	PART 2 OTHER SIGNIFICA	(c)	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART LO
low requirements of project to	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
JAN, The Physician Historie IN Promist p of Hygien T 18 show	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	THE THE OT HADOR!	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO TO THE PART 1 OR PART 2)
G Phrsic attending or this cer the burio and Ment	(IF EITHER NOTIFY MEDICAL EXAL		19 ZIL LOCATION	CITY ON TO	IIVN COUNTY STATE
or or an of Health	22s I certify that lighthis h	ospital) attended the deceased from	and that in (my laur) applian	death occurred on the	ote and hour and from the causes stated
The part of the pa	17h SiGNATURE	d not; new the body after death.	DEGREE	oca accorred an the de	ore and nour and tram the couses stated

FOR - STATE

REGISTRAR

HOSPITA

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL should be deto with the Stone

23b. DATE 31. NAME OF CEMETERY OR CREMATORY June 24, Shanktown

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

23d. LOCATION Big Pool

DIRECTOR PHYSICIAN

STAFF

REG. NO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (I) (we) lost

12b. KIND OF BUSINESS OR

MD.

Wash.

22c. DATE SIGNED

24 FUNERAL DIRECTOR Clearspring Md. Thompson Funeral Home

22d PHYSICIAN'S NAME (TYPE OR PRINT)

23e. BURIAL, CREMATION, REMOVAL

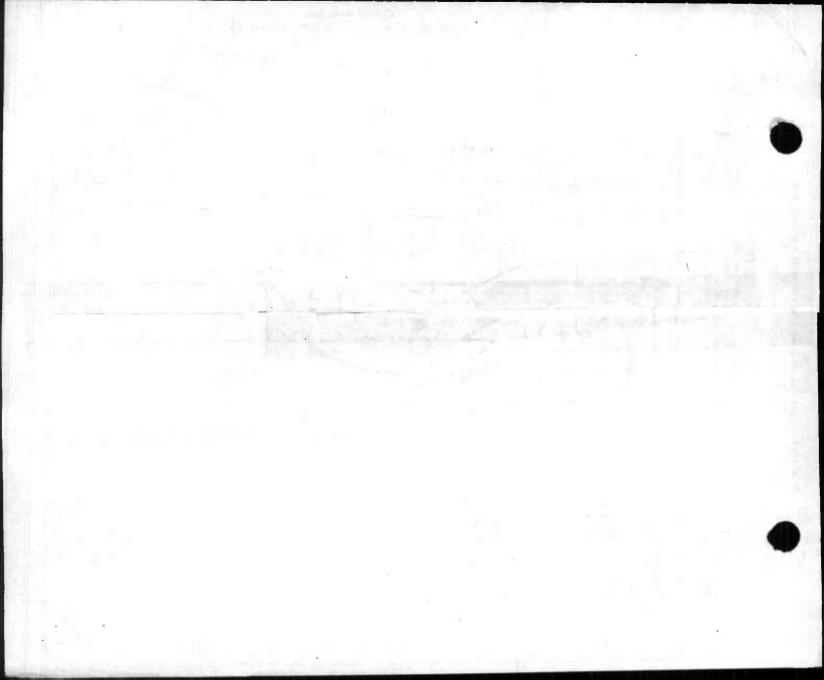
Burial

JUN 2 5 1981

MEDICAL

PHYSICIAN

22e. ADDRESS



0	TYPE (	OR PRINT)	RILL	Caryl	Herslogensi	0 -	S S S
) 3.	SEX	Female	4. RACE	ite	June 5, 1906 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 75	MONTHS DAYS H
70	C	RTHPLACE (STATE OR FOREI OUNTRY)  rth Carolina	70. 011.221	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	TY OF DEATH
19	1	YOR TOWN OF DEATH Hagerstown	Wash	ington Cou	nty Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Housewife	G LIFE) 12b. KIND OF B
50		L RESIDENCE (IF HURSING IT ATE	COUNTY  Fred.	13c. CITY OR TOW Mt. Alm	Y YES NO	5781 Catectin	Vista Dr.
DO IA	FAT	THER'S NAME FIRST  James	WIDDLE	Ashton	IS. MOTHER'S MAIDE Kelley	N NAME MIDDLE	Ranse
2 160		AS DECEASED EVER IN L	U.S. ARMED FORCE		RITY NO. 17 INFORMANT	ADDRESS	
fraumatic event, the		18. CAUSE OF DEATH (E PART I. DEATH WAS IMM	inter only one couse CAUSED BY: MEDIATE CAUSE (a) DUE TO nich (b)	243-56-	Vivo heart	Jarles Mt.	Airy, Md.  APPROXIMATION BETWEEN ONS
y, at ather traumatic event, the	No. inching	18. CAUSE OF DEATH (E PART I. DEATH WAS OF D	inter only one couse CAUSED BY: MEDIATE CAUSE (a) DUE TO nich (b) inte (c) CANT CONDITIONS	243-56- e per line for (a), (b), one c), OR AS A CONSEQUE c), OR AS A CONSEQUE s CONTRIBUTING TO E	ence of short	TERM ALDISE ASE OF CONDITION OF	APPROXIMA BETWEEN ON:
Stows any injury, or affect froumatic event, the	CEKTIFICATION	18. CAUSE OF DEATH (E PART I. DEATH WAS IMM Solve rise to immedicause (a), stating underlying couse II.  PART 2. OTHER SIGNIFIC	inter only one couse CAUSED BY: MEDIATE CAUSE (a) DUE TO ost. (c) CANT CONDITIONS (E)	243-56- e per line for (o), (b), one c), OR AS A CONSEQUE c), OR AS A CONSEQUE c) S CONTRIBUTING TO E	ENCE OF CONTROL OF THE CONTROL OF TH	TERM ALDISE ASE OF CONDITION OF	APPROXIMA BETWEEN ON:  3 GIVEN IN PART 1(0)  YES, WERE FINDING THEYING CAUSES OF YES
Stawing injury, or other troumatic event, the	MEDICAL CEKTIFICATION	18. CAUSE OF DEATH (E PART I. DEATH WAS IMM Sover rise to immedicause (a), stating underlying couse In PART 2. OTHER SIGNIFIC TO THE SIGNIFIC OR CONTRIBUTING CAUSE CAUSE (CAUSE OF CONTRIBUTING CAUSE)	inter only one couse CAUSED BY: MEDIATE CAUSE (a) DUE TO (b) inich (b) inich (c) CANT CONDITIONS  CANT CONDITIONS  E OF DEATH (C)  ZIE, PLA AT HOM	243-56- e per line for (o), (b), one c), OR AS A CONSEQUE c), OR AS A CONSEQUE c) S CONTRIBUTING TO E	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION	TERMIAL DISEASE OF CONDITION OF THE PROPERTY O	APPROXIMA BETWEEN ON:  3 GIVEN IN PART 1(0)  YES, WERE FINDING YES CAUSES OF YES
or frem 18 shows ony injury, or other troumonic event, the	MEDICAL CENTIFICATION	18. CAUSE OF DEATH IE PART I. DEATH WAS Conditions, if ony, wh gove rise to immedicause [a], stating underlying couse I.  PART 2. OTHER SIGNIFIC OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E AT WORK 20.1 certify that (I) (this say the deceased on obove, (I) (well (did)).	inter only one couse CAUSED BY: MEDIATE CAUSE (a) DUE TO cost. (c) CANT CONDITIONS  CANT CONDITIONS  E OF DEATH CXAMINER)  21e. PLA (AT HOME)  s haspital) attended	243-56-  Per line for (0), (b), one  O, OR AS A CONSEQUE  O, OR AS A CON	CEATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  AY YEAR  19  21f. LOCATION STREET	TERMINAL DISEASE OF CONDITION (  200 AUTOPSY?  YES NO  CCURRED (ENTER NATURE OF INJURY IN ITEM	APPROXIMA BETWEEN ON:  3 OF THE PART 1 (01)  YES, WERE FINDING ITHYING CAUSES OF YES (12)  COUNTY  COUNTY
or frem 18 shows ony injury, or other troumonic event, the	MEDICAL CENTIFICATION	18. CAUSE OF DEATH IE PART I. DEATH WAS IMPOSED IN THE PART I. DEATH WAS IMPOSED IN THE PART 2. OTHER SIGNIFIC OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICALE 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Saw the deceased on the part of th	inter only one couse CAUSED BY: MEDIATE CAUSE (a) DUE TO cost. (c) CANT CONDITIONS  CANT CONDITIONS  E OF DEATH CXAMINER)  21e. PLA (AT HOME)  s haspital) attended	243-56-  Per line for (0), (b), one  O, OR AS A CONSEQUE  O, OR AS A CON	CEATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  AY YEAR  19  21f. LOCATION STREET	TERMIAL DISEASE OF CONDITION (  200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  Inion death occurred on the date and the large of the	APPROXIMA BETWEEN ON:  3 OF THE PART 1 (01)  YES, WERE FINDING ITHYING CAUSES OF YES (12)  COUNTY  COUNTY

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE CFRTIFICATE OF DEATH

CFRTIFICATE OF DEATH

			-cib
6	8	4	2

1334 LOCATION Hagerstown, Wash., Maryland

250 DATE REC'D. BY REGISTRAR 199

1.	REGISTRAR			DEFARIA	CERTIF	ICATE OF DEATH	I O I ENE	REG. NO.				
	CEASED NAME	FIRST		WIDDLE	t	AST	20. DATE OF D			YEAR	26 HOL	JR
		Margare	t	Catherine	>	HEPFER	June	23, 1983	1			M
3. SE	X	4.	RACE	-	5 DATE C	F BIRTH	6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER		IF UNDER	
	female		white		Octo	ber 31, 1901	. 79	YRS		DAYS	HOURS	MIN.
	IRTHPLACE (STATE	OR FOREIGN 76		WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED		CITY OR COUN	ITY OF DEA	TH		
	<u>Maryland</u>		US.		WIDOWE		]   Wash	ington				MD.
	ity or fown of t Hagersto		(IF NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET A Gton Cou	ADDRESS)	ROTHER INSTITUTION  Hospital	12a USUAL OC LIYPE OF WORK FO housew	OR MOST OF WORKING		IND O ISTRY	F BUSINI	ESS OR
	AL RESIDENCE (IF N STATE Maryland	13b. COUNTY Wash		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hagerst	N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET AD	229 S. I	Mont	Val	la A	ve.
14. FA	THER'S NAME	AA I.F	DIF	LAST		15 MOTHER'S MAIDEN N		MIDDLE	177			
	John L	uther S				Della A	Angle	WIDDLE		LAS		
- (	VAS DECEASED EV YES, NO OR UNKNOWN) NO			166 SOCIAL SECUI	RITY NO.	Lorraine Se	chneider	ADDRESS Hagers	stown	, M	d.	
	18 CAUSE OF DE PART I. DEATH	ATH (Enter only I WAS CAUSED I IMMEDIATE (	3Y:	Cerebr	al v	ascular Th	rombosi	S		PPROXI	MATE INTEI	RVAL DEATH
	Conditions, if o		DUE 10, 0	OR A GENERALIZED hypertensive arteriosclerosis						S	yrs	
	couse (a), sto	iting the	DUE TO, OI	R AS A GONSEQUE	rios c	lerotic he	art dis	ease	-	У	rs.	
NO	PART 2 OTHER S	ignificant co	nditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	OR CONDITION (	GIVEN IN PA	ART 110	,	
CERTIFICATION	June 2	22,1981		TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE I			TH?
MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTERNATUR	E OF INJURY IN ITEM I	B PART I OR PA	ART 2)		
MED	21d INJURY OCCI		21e. PLACE (	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC )	211 LOCATION STREET		CITY OR TOWN	COUP	VIY.	5	STATE
	AT WORK AT	WHILE WORK			Nove	mbor 51	L Tur	16.	8	1		
	saw the dece	(1) (this hospital		ofter death.	31	d that in (our) opinio	n death occurred o	on the date and h	, 19 lour and fro	m the c	hat (I) (	we) last ated
	22b. SIGNATURE	)	, B.	yese l	UD	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [			SIGNED	
	David	J. BOV		d		136 N. Po	tomac S	t. Hage	ersto	wn	Md.	

23c. NAME OF CEMETERY OR CREMATORY

June 26,1981 Broadfording Cem.
MINNICH FUNERAL HOME

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

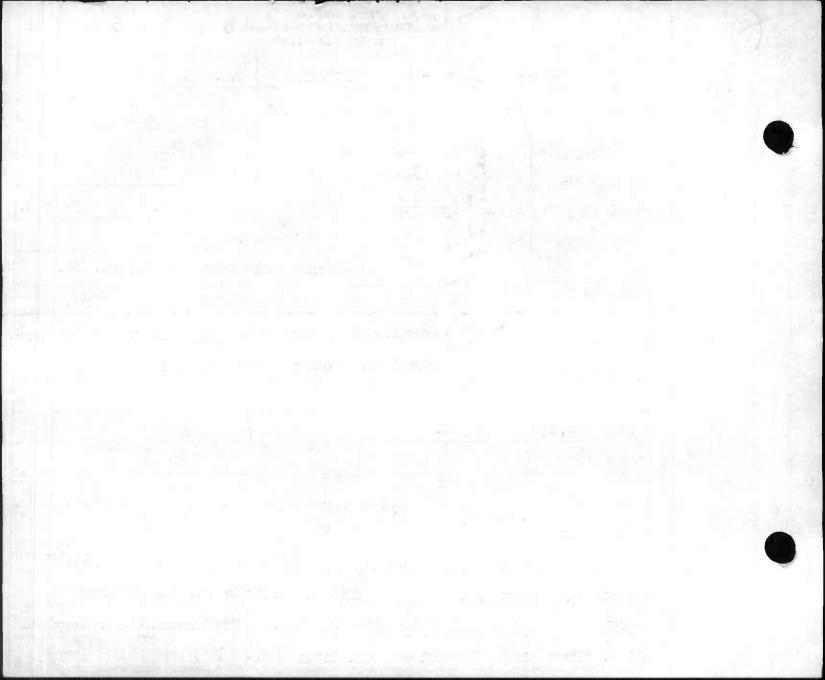
230. BURIAL, CREMATION, REMOVAL burial

23b. DATE

415 E. Wilson Blvd., Hagerstown, Md. 21740

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then pleas with the State Dept. at Health and Mentol Hygiene prior to burial, IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or o



the ottending physicion and campletely filled in by the remove corbonpapers. Pages 1 and 2 should be filed wi

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. After this certificate has been

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician

IMPORTANT: If them 21 is marked or them 18 shows any

burial

injury, or other troumatic event, the

FOR

### STATE OF MARYLAND

1	V	9	6

1.	- STATE REGISTRAR			DEFARIA	CERTIF		IENEO	REG. N	10.				
	CEASED NAME	FIRST				AST	20. DATE OF	FDEATH	MONTH	DAY	YEAR	2b. HOUR	
		Vincen	t Al	exander	HES	SEN	June	17.	1981		- 37	1	M
3. SE		4. RA											
n	nale		white	9	Febi	ruarv 14.1899	82		VDS	MON1HS	DAYS :	HOURS M	IN.
		OREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	8		9 BALTIMO	RE CITY		Y OF DE	ATH		
			USA				W	ashir	ngton				AAD
			NAME OF H		G HOME C		120 USUAL	OCCUPAT	ION	12b.	KIND OF	BUSINESS	
	Hagerstown	n 6				eet							
USU.	AL RESIDENCE (IF NURS	ING HOME OR OTHER		GIVE RESIDENCE BEFORE	AOMISSION)					144	THE LEG	.5	
M							13e STREET	28 N	Mull	err	r St	reet	
	ATHER'S NAME				2 44 11	44				7011	, 50	Teet	
	Charles			LAST		FIRST	100101	MIDOLE T			LAST		
	WAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	garei	ADDR	<u>ggger</u>	S			-
(	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)			Mrs. Mary	Е. Н	esen,	Hag	erst	own	, Md.	
	18 CAUSE OF DEATH	H (Enter only one	e couse per	line for (0), (b), one	l (c)	,		/		86	APPROXIA TWEEN O	NATE INTERVAL NSET AND DEA	TH
	PARTI. DEATH W			A2+11	-10 5	chewhi by	each s	21220			221	min	1
	4140		DUE TO, OF	AS A CONSEQUE	NCE OF								
			(b)										
		.1	OUF TO OF	AS A CONSEQUE	NCFOF			11.16					
	underlying couse	lost	(c)										
	PART 2. OTHER SIGN	HIFICANT COND	ITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E OR CON	DITION G	VEN IN P	ART 110	3	
CERTIFICATION	Blew	lin b-	46.	cilce	2 -	- Abdumus	. / e	nai	1011				
CAI	19a. DATE OF OPERAT	I V NOI	Mb. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	288 IF YE	S, WERE	FINDIN	GS USED	
H							YES 🗌	NO			AUSES (	NO [	
CER					V VEAD	21c HOW INJURY OCCURR	ED (ENTER NA	TURE OF INJU	RY IN ITEM 18	PART I OR P	ART 2)		
AL		AUSE OF DEATH											
MEDICAL	21d. INJURY OCCURR					21f. LOCATION							
×	WHILE NOT WH	ILE C	AT HOME STRI	EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET		CITY OR TO	WN.	COU	MIA	STATE	
	REGISTAR  CERTIFICATE OF DEATH  REG. NO.  CERSED NAME  Vincent Alexander HESEN  ALEXANDER  Vincent Alexander HESEN  Vincent Alexander Market Alexander Of Washington  Vincent Alexander HESEN  Vincent Alexander HESEN  Vincent Alexander HESEN  Vincent Alexander Market Alexander Of Washington  Vincent Alexander HESEN  Vincent Alexander Market Alexander Of Washington  Vincent Alexander Market Alexander Of Washington  Vincent Alexander HESEN  Vincent Alexander Market Alexander Of Washington  Vincent Alexander HESEN  Vincent Alexander Market Alexander Of Washington  Vincent Alexander Hesen  Vincent Alexander Market Alexander Of Washington  Vincent Alexander Hesen  Vin		19 5	27 1	hot (I) (we)	lost							
	sow the decease	d olive on	6//	19	81 . on	d that in (my) (our) opinion d	leoth occurre	d on the d	ote ond ho	ur ond fro			
		id) (did not) viev	o A	arrer deorn.	1	DEGREE	REG. NO.    20. DATE OF DEATH   MONTH   DAY   YEAR   26. HOUR     June 17, 1981   MONTHS   DAYS   MOURS   MIN.     1899   82   YRS.   MONTHS   DAYS   HOURS   MIN.     1809   82   YRS.   MONTHS   DAYS   HOURS   MIN.     1809   82   YRS.   MONTHS   DAYS   HOURS   MIN.     1809   82   YRS.   MONTHS   DAYS   HOURS   MIN.     1800   9. BALTIMORE CITY OR COUNTY OF DEATH     Washington   MD.     120. USUAL OCCUPATION   (120. KIND OF BUSINESS OR INDUSTRY public utilities     1800   120. USUAL OCCUPATION   MIN.     1800   MONTHS   DAYS   HOURS   MIN.     1800   MOURS   MULBERY   MIN.     1800   MARCH   MIN.     1801   MARCH   MIN.     1802   MARCH   MIN.     1803   MARCH   MIN.     1804   MIN.   MIN.     1805   MIN.   MIN.     1806   MARCH   MIN.     1807   MIN.   MIN.     1808   MIN.   MIN.     1809   MAINTENANCE   MIN.     1809   MAINTENANCE   MIN.     1809   MAINTENANCE   MIN.     1809   MAINTENANCE   MIN.     1809   MIN.   MIN.     1						
	10 H	much	V ene	len m	h	ATTENDING PHYSICIAN	MEDICAL	STA	FF TANK	IPONT IF UNDER I YEAR IF UNDER 24 HBS.  YRS.  COUNTY OF DEATH  gton MD.  IPONT IZE. KIND OF BUSINESS OR INDUSTRY public utilities  Mulberry Street  LAST  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  TO MORKING LIFE INDUSTRY PUBLIC UTILITIES  MULBERRY STREET  LAST  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  TO MORKING LIFE INDUSTRY PUBLIC UTILITIES  INTERVAL  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  YES NO INTERVAL  NO INTERVAL  NO INTERVAL  YES NO INTERVAL  NO INTERVAL  NO INTERVAL  NO INTERVAL  YES NO INTERVAL  NO INTERVAL  NO INTERVAL  NO INTERVAL  NO INTERVAL  YES NO INTERVAL  NO I			
	220. PHYSICIAN'S NA	ME (TYPE OR PRINT	1)		-/		J DINECTOR		-1013			411	
	540	achl	and.	er m.	1	Has	ont	cour	_	200	1		
23a. F	BURIAL CREMATION	REMOVAL TOUR	DATE	1234 N	AME OF C	EMETERY OR CREMATORY	123d 10CA	TION		0	-		

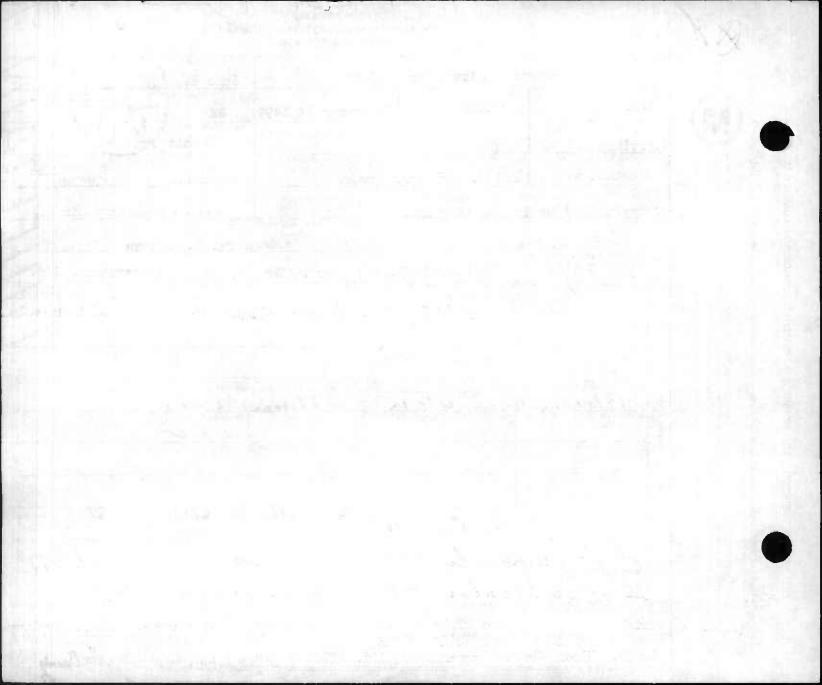
DHMH - 16 50M 1/B1 (VRA 15, 4)

O FUNERAL DIRECTOR:

74. FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

June 20,1981

Hagerstown, Wash., Maryland Rose Hill Cemetery BY REGISTRAR 256. REGISTRAR'S SIGNATURE



X	(12)

death. Page 4

executed within 24 hours ofter

es that the death certificate

completely filled in by the functions of Jond 2 should be filed within 77

### FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ļ	6	8	4	4
	_	-		

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT) John	Luther	HETZI	EL, Jr.	June 16, 198	B1	2b. HOUR
3. SEX male	white	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)  57	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Ta. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTR USA	MARRIEI WIDOWE	D MEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUL Washing to		MD.
10. CITY OR TOWN OF DEATH  Hagerstown	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Washington C	REET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  brakeman	G LIFE) INDUSTRY	road
	ROTHER INSTITUTION, GIVE RESIDENCE BER INTY Shington Hager	OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 107 W. Wi	lson Blv	d.
14. FATHER'S NAME FIRST  John L. I	Hetzel, Sr.		15. MOTHER'S MAIDEN NA	ry E. Drenner	LAS	51
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE V.W.TI 216-14-		Ruth L. He	etzel, Hagersto	wn, Mary	yland
PART I. DEATH WAS CAUSE	inly ane cause per line for (a), (b), ED BY:  ATE CAUSE (o).  DUE TO, OR AS A CONSEC	MO Car	dial Inf	arction	APPROX BETWEEN	MATÉ INTERVAL ONSET AND DEATH
gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	DEATH BUT	Hyperte	u Sign, Esson	GIVEN IN PART 10  HOL  YES, WERE FINDIN  THIFTYING CAUSES  YES  YES	NGS USED
2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE UFFETHER NOTIFY MEDICAL EXAMINE  2 10 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	19	21f LOCATION STREET	RED (ENTER NATURE OF INJURY IN 11EM	(18 PART   OR PART 2)	STATE
22a.1 certify that (1) (this hosp sow the deceased alive ar	n Maron	8/ . or	DEGREE  ATTENDING PHYSICIAN 12  22e. ADDRESS	deoth occurred on the dote and  MEDICAL STAFF DIRECTOR PHYSICIAN	haur and from the	
230. BURIAL, CREMATION, REMOVAL (SPECIFY) burial	June 19,1981		EMETERY OR CREMATORY Hill Cemetery	23d LOCATION CITY OR TOWN Hagerstown,	Wash.,M	faryland

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

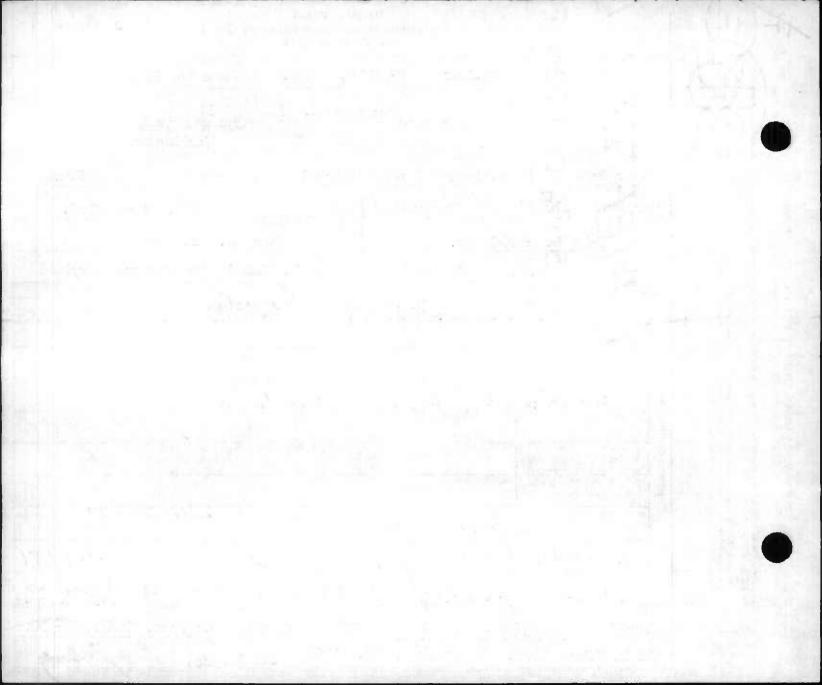
injury, ar other troumotic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any

June 19,198 Rose Hill Cemetery Hagerstown, Wash., Maryland
RECTOR MINNICH FUNERAL HOME
Wilson Blvd., Hagerstown, Md. 21740

Wilson Blvd., Hagerstown, Md. 21740 24 FUNERAL DIRECTOR
415 E. Wil:

JUN 2 2 1981



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	X	1
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be etomed by the haspital or ottending physician.		-
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the filler and director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with a site of the state of the oth and Mental Hygiene prior to burial, cremation, or removal.	0	2

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	6	8	d	5
è	0	4		

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26. HOUR
(TYPE OR PRINT) Betty	y Jane	House	June 2	28, 1981
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Female	White	Sept. 9, 1927	53 / YRS.	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
Maryland	U.S.A.	WIDOWED DIVORCED	Washington C	
Hagerstown	Washing ton C	ounty Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS C FE) INDUSTRY
Maryland Way	or other institution, give residence Befor INITY or Tov Shington Hager	stown YES 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 238 F	redrick St.
Ralph	MIDDLE Harne		WIDDLE	Davis
160. WAS DECEASED EVER IN U.S. A. (YES. NOR UNKNOWN) (IF YES. C		-3839 Leroy C.	House, Sr.	same as 13a
gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	DEATH HOUR A.M. MONTH		YES NO Y  RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF THE STATE OF THE ST	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f. LOCATION	CITY OR TOWN	COUNTY STATE
220.1 certify that () (this has	spitol) ottended the deceased from on 19 not) yiew the body ofter death.		, to, to , death occurred on the date and ha	
THE SIGNATURE	ghanbost	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE	E OL PRINTI	1825 HOL	vell perso 176	35. 120.
230. BURIAL, CREMATION, REMOV.	7-1-81 F	NAME OF CEMETERY OR CREMATORY Rest Haven Cemet	23d. LOCATION CITY OF TOWN  CETTEN HAPPETSTOR  ATEREC'D. BY REGISTRANTS B. REGIS	COUNTY STATE
124. FUNERAL DIRECTORKEST	Haven Funera nsylvania Ave	[ ('boa o   1/30 DA		The Creeding

DHMH-16 30M 2/80 (VRA 15, 4)

Parties and the state of the later has

ctor, page 3

	1 -	FOR STATE REGISTRAR	DEF	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		5. NO.	6 8	4 6
	(TYPE	CEASED NAME FIRST HILDA	GAYNE	u K	EYTON	2a DATE OF DEAT	6 /	3 81	4:00 PN
	3. SE:	Female	4. RACE White	5. DATE O	F BIRTH  DAY  S  VEAR	6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
19	M.	RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland  ITY OR TOWN OF DEATH  gerstown	7b. CITIZEN OF WHAT COUI  U.S.A.  11. NAME OF HOSPITAL, N  (IF NOT IN SUCH FACILITY, GIVE  Washington	MARRIED WIDOWE  JURSING HOME O	ROTHER INSTITUTION	Washin	ngton C	County 12b. KIND O	MD F BUSINESS OR
33	13a. S M.	al residence (if nursing home of state 13% could was)	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF	E BEFORE ADMISSION)	136 INSIDE CITY LIMIT	S? 13e. STREET ADDRE	2009 GE	ay Str	eet
10		0 01		der, Sr	. Irene	$\mathbf{p}_{mod}$		Ernđ	e
1		VAS DECEASED EVER IN U.S. AR yes, no or unknown) { (if yes, given the control of	E WAR OR DATES	L SECURITY NO. 09 <b>–</b> 6693	Barbara	a A. Karn	odress san	ne as	13a-e.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF	septic iia intra-al	shock	ascess	da	MATE INTERVAL DISET AND DEATH
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	acci	dent 2 N WAS PERFORMED	MITTAL I 20a. AUTOPSY? YES □ NO[	20b. IF YES, IN CERTIFY	WERE FINDIN YING CAUSES	GS USED
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.  (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONT	19	211 LOCATION STREET	CURRED (ENTER NATURE OF	INJURY IN ITEM 18. PA	COUNTY	STATE
		270.1 certify that (1) (this hosp are the decounted area an above 1) by 6 (and vided no 27b. 5 (c/s.)) 4 (yr.	t) view the body after death	_19.8.L an	DEGREE ATTENDIN	nion death occurred an the	STAFF	ond from the	
1		22d PHYSICIAN'S NAME (TYPE O		10/	363 S.	Cleveland	Ave.	Hager	stown
	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 6-16-81		aven Ceme	etery Hage	rstown	°Wash	. STAMD

14 FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc 250. Date REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 1601 Penna. Ave. Hägerstown, MD

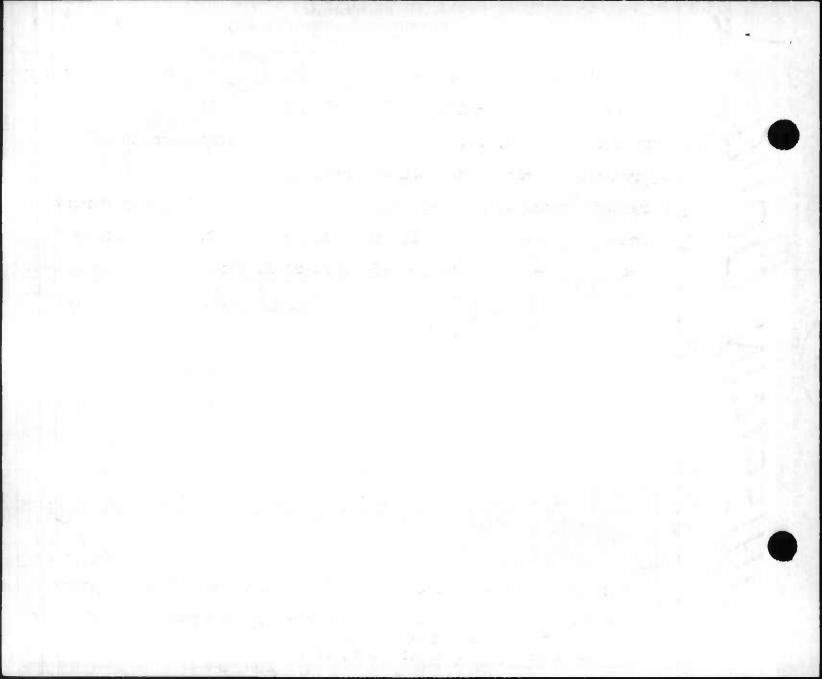
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coshold be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Item 18 shaws ony injury, at other troumatic



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

death

Poge 4 moy be

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1	6	8	4
BEC NO				

8

REGISTRA					TEATE OF BEATTI	REG. NO			
(TYPE OR PRINT)			MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Char	rles	Winford	K	Itchen	June	26	1981	10:50 M
3. SEX		4. RACE			OF BIRTH	6. AGE IN YEARS LAST BIR	(YAGH	IF UNDER 1 YEAR	IF UNDER 24 HRS
k Ma	le	Whit	e	Don	ber 9,1905	75	YRS.	MONTHS DATS	HOURS MIN.
BIRTHPLACE COUNTRY)	( STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O		Y OF DEATH	
West Vi		U.S.A.		WIDOWE	DIVORCED [	Wash	ingt	on	MD.
Hagerst			HOSPITAL, NURSING THE FACILITY, GIVE STREET A INGTON CO		Hospital	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Trackman	DN F WORKING	12b. KIND C INDUSTRY Rails	of BUSINESS OR
13a STATE	TE (IF NURSING HOM) OF 130 COU.	NTY	131. CITY OR TOWN Hedgesvi	1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS John Str	eet		
4. FATHER'S NA/		MIDDLE	Kitchen		15. MOTHER'S MAIDEN NAME Melissa	Jane		H1ê	tt
60. WAS DECEAS	SED EVER IN U.S. AR		16b. SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE	SS	7771	Md.
YES, NO OR UNK	NOWN) (IF YES, GI	VE WAR OR DATES)	705-09-6	013	Mrs. Janey T	avlor-950 N	olan	d Dr. Has	erstown
18 CAUSE PART I.	OF DEATH (Enter of DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (0)			ia ( Il Evecte	۵۵		BETWEEN	MATE INTERVAL ONSET AND DEATH
416	0	DUE TO, O	R AS A CONSEQUE	NCE OF					
gove rise	to immediate ), stating the couse lost.	DUE TO, O	R AS A CONSEQUE		endrone He.	TEL DIEST	ic	7	~4
DADT O OT	NED CICALIES AND	(c)		F 4 711 0 7	NOT RELATED TO THE TERM				
Z	THER SIGNIFICANT	CONDITIONS <u>CC</u>	SINTRIBUTING TO D	EAIN BUI	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	JIION G	IVEN IN PART III	D 1
19a, DATE C	F OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO			
21a. ACCIDE	NT WAS UNDERLYING				21c. HOW INJURY OCCURE				
0.0.0000	ITING CAUSE OF DE	AIR	M. MONTH DA	Y YEAR					
	OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				-
WHILE AT WORK	NOT WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TO	NN	COUNTY	STATE
	y that (1) (this haspi	ital) attended th	e deceosed from		. 19.	to		19	that (I) (we) last
sow th	e deceased alive an		19	, 01	nd that in (my) (aur) apinion (				
22b. SIGNA	(1) (we) (did) (did no TURE	ot) view the body	offer deoth.		DEGREE			22c DATE	SIGNED
12.3		Jane	rulalse	ct	ATTENDING PHYSICIAN	MEDICAL STAF		7 - 0	-81
22d. PHYSIC	IAN'S NAME (TYPE C	OR PRINT)		71.55	22e ADDRESS				
John	H. Hornb	oaker,Jr	. M.D.		645 E. First	t St. Hagers	town	, M.D.	
	MATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
Buria	1 000	6-30-	81. Hed	gesv	ille Cemetery	Hedgesvill	e Be	Tkelev J	STATE
4 FUNERAL DIR		11/10 18h	Muson		254, 843	REC'DY 150 PAR		Child Sichlar	
Drown r	meral not	ne , THC .	mar cinsou	16,	o B v e w				

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be defached far use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filter must with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be joined.

Charles in crot Michael June 2081 10:50

K Hala lite Bonnber 9,1905 75

Legratorn Restington County Hospital Trackman Mailroad

Most Virial Derkeley Hedgesvill John Street

George Henry Kitchen Lises Jene Hiett

No 705-09-6015 Nr. Janes Laylor-950 Woland Dr. Maserscown,

John H. Hornbaker, Jr. M.D. 645 h. First et. Hagerstorn, M.D.

Eurial 6-30-81. Heage ville Cemetary Hadresville, Berkeley, No. Stown Funeral Home, inc. Fartinsburg, L.Vs.

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STATE OF MARYLAND

1 -	STATE REGISTRAR			DEF	CERTIF	ICATE OF DEATH	REG. 1	10.	0 0			
	CEASED NAME	FIRST		AIDDLE	L	AST	20. DATE OF DEATH	MONTH D	YEAR	26 HOUR		
line	OR PRINT)	Lottie		M.	Kli	ne	June	23	1981	12:01 JM		
3. SE	(		4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
F	emale		Whit	8	Aug	3/ 300/	8).	YRS.	ONIHS DAYS	HOURS MIN.		
Jr. BI	RTHPLACE (STAT	TE OR FOREIGN	76. CITIZEN OF		VTRY? 8	110.5	9 BALTIMORE CITY		OF DEATH			
(	OUNTRY)		U.S.	A -	WIDOWE	DINEVER MARRIED		gton C	0.	MD		
10 CI	TY OR TOWN OF	DEATH	11. NAME OF	OSPITAL, N	URSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND O	F BUSINESS OR		
н	agersto	m	1000		on Co. Ho	enital	Housewi		INDUSTRY			
IJSU/	AL RESIDENCE (#	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)				1			
	Paren	13b @OUI		13c. CITY OF		13d. INSIDE CITY LIMITS?	Box 93					
	Penna .	Frank	CLIN	Rouze	rville	YES NO IN NO IN NO. 15. MOTHER'S MAIDEN N.						
	FIRST		MIDDLE	LAS		FIRST	MIDDLE		LAS	a .		
	E11			Ott		Emma	Jane	2500 1	Shutt	The second secon		
- 0	VAS DECEASED E		VE WAR OR DATES)		SECURITY NO.	17. INFORMANT	ADDI	RESS 934	Sunset	Ave.		
	No			173-03	3-0604 B	Elmer L. Kl	ine Jr.	Wayne	esboro,			
	18. CAUSE OF D	DEATH (Enter or TH WAS CAUSE	nly ane cause per	line for (a), (	(b), and (c).)	71.111			BETWEEN	MATE INTERVAL		
100	PARTI. DEA		TE CAUSE (a)	/ent	neeles	Abrillohr	78		10	moutes		
	414	9	DUE TO, OF	R AS A CON	SEQUENCE OF				12	-,		
	Canditions, if		( (b)_	Caron	rary 2	least Sie	ase		/3	years		
C	gave rise to		DUETO	R AS A CON	SEQUENCE	WE-DESTRUCTION OF THE PROPERTY						
	underlying o	cause last.	(6)		000							
83.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IT							N IN PART 1(c	a i			
ON	DEF											
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FO			TION FOR W	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN			
TER							YES NO			NO []		
CER	210. ACCIDENT WA	S UNDERLYING	21b. TIME O			21c. HOW INJURY OCCU		URY IN ITEM 18, PA	RT 1 OR PART 2)			
1000	OR CONTRIBUTING		A111	M. MONT								
MEDICAL	21d. INJURY OC	CURRED	P., 21e, PLACE (		19	211. LOCATION						
ME	WHILE   N	OT WHILE			OFFICE, FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE		
	WORK /	AT WORK			,	-	1/23	1	8/			
			tal) attended the			d that in ( aur) apiniar	death accurred on the	date and hour	and from the	that (tracked) last		
-	abave, # (v	we) (did) (did no	ot) view the body	after death.		DEGREE	dediti decorred dir ille c	Jole Gild Hadi	22c DATE			
	10 SIGNATURI	1-1-		11	- 1.	ATTENDING	MEDICAL STA	AFF	ILC DATE	SIGNED		
	Nul	lon 6	M-W.	ill	1, W.A	PHYSICIAN	DIRECTOR PHYS	ICIAN 🗌	6/2	14/8/		
13.	22d PHYSICIAN	'S NAME (TYPE (	OR PRINT)	1.0	1-11	22e. ADDRESS	- ///	4/ 0				
	DAL	-TON	001-0	VET	-14	VACEO	ectoun,	11/	/			
	URIAL, CREMATI			007		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE		
	Buri	al	6/27/1			hurch Cemete	ry Lentz	Fre	ederick	Md.		
24.1	NAME DIRECTO	8110		ADE	50 S. B	road St. 25a. DA	TE REC'D. BY REGISTRA	R 256. REGISTR	AR'S SIGNATI	URE		
1	MUYA	40 1	me	ADL	Waynesb	oro, Pa.	0 1901	1	-			
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TO HOSPITAL

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TO FUNERAL DIRECTOR, After this certificate has been uighed by the attending physicien and completely filled in by the further should be detached for use as the buriof-score) permit. Then please remove carbon papers, and 2 should be filled with with the State Dept, of Health and Mental Hypiens prior to buriof, cremation, or removal.

WAPORTANT, If then 21 is marked or them 18 shows any injury, or other traumatic event, the medical examines may be nothed.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or oftending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-through permit. Then please remove corbompopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial cremation, or removal.  WHORTANT: If them 21 is marked or life all shows any injury, or other troumottic event, the medical experience of the page 2. The page 3. The page 3. The page 3. The page 4. The page 4. The page 4. The page 5. The page	-		1		
O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be estimated by the hospital or oftending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-in-rosit permit. Then please remove corbonapopers. Pages 1 and 2 should be filled in by the funeral director, page 3 should be detached for use as the build-in-rosit permit. Then please remove corbonapopers. Pages 1 and 2 should be filled in by the funeral director, page 3 should be detached for use as the build-in-rosit permit. Then please remove corbonapopers. Pages 1 and 2 should be detached for use as the build-in-rosit permit. Then please remove corbonapopers. Pages 1 and 2 should be detached for use as the build-in-rosit permit. Then please remove corbonapopers. Pages 2 and 3 should be detached for use as the build-in-rosit permit. Then please remove corbonapopers. Pages 3 and 4 and 4 and 5	(N			1-	FOR STA REG
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or offered physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, por thould be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after dwith the State Dept. of Health and Mental Hygiene prior to buriol, are movin.  WHORTANT: If them 21 is marked or Item 18 shows any injury, or other froumatic event, the medical examiner must be notified at once.  MEDICAL CERTIFICATION  TO SERVICE THE STATE OF THE SERVICE THE SERVICE THE SERVICE THE SERVICE S	pe	ge 3		1. DEC	OR PRI
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 setting by the hospital or offending physician or offending physician or offending physician or completely filled in by the funeral director. To FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in by the funeral director, should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. Pages I and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Higher prior to buriol, cremation, or removal.  WEDICAL CERTIFICATION  MEDICAL CERTIFICATION	moy	er d	18	3. SE)	(
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of etained by the hospital or after this certificate has been signed by the ottending physician and completely filled in by the four the latest that the state Dept. of Health and Mental Hygiene prior to build, cremation, or removal.  WHORTANT: If them 21 is marked or Item 18 shows any injury, or other froumatic event, the medical examiner must be not the state Dept. of Health and Medical Experimental State Dept. or other froumatic event, the medical examiner must be not in the state Dept. or end or end or the state Dept. or end	er d	with	270	10. CI	TY OF
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O HOSPITAL O efformed by the TO FUNERAL DI MOULD be deroct with the Stote Do MONTANT: If I	R ATTENDING PHYSICIAN: The low requires that the death certificate hospital or attending physicion.	RECTOR: After this certificate has been signed by the attending physicis ned for use as the buriol-transit permit. Then please remove carban poperippt: of Health and Mental Hygiene prior to buriol, cremation, or removal.	tem 21 is morked or Item 18 shows any injury, or other troumotic event, thu		Corgon cou uncertain PARR 190. E 21a. OR CO (IF 21d. WHAT W 22a.1
	O HOSPITAL (	TO FUNERAL I	MPORTANT: #		22d.

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CERTIFICATE OF DEATH

	KEGIOTAFAK				LAST				H MONTH	DAY YEAR	In itotio	
	CEASED NAME ORPRINT)	FIRST	707 / 120	WIDDLE		_		20. DATE OF DEAT			2b. HOUR	
		Herma	n H	omer	LEWI	S		June			10:00 A	
3. SE)	•		4. RACE		5. DATE OF B	DAY	YEAR	6. AGE (IN YEARS LA	ST SIRTHDAY)	MONTHS DAYS	HOURS MIN.	
Ma	ale	77	White		Oct. 3	1, 190	3	77	YRS.			
	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8. MARRIED	NEVER MAR	RIED 🗇	9. BALTIMORE CI	Y OR COUNT	Y OF DEATH		
	ryland		U.S.		WIDOWED	DIVOR	CED 🗌	Wash	ington		MD.	
10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSING		THER INSTITU	TION	12a USUAL OCCU			OF BUSINESS OR	
Ha	gerstown	K		gton Coun		ital	and the	Cabinet	Maker	Cabin	et Works	
13a. S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		. INSIDE CITY I	IMITS?	13e. STREET ADDRI	SS			
	Md.	Wasi		Smithsbu			X	Rt. 2, B				
14. FA	THER'S NAME		MIDDLE	1241	15.	MOTHER'S MA	AIDEN NAM	ME	ıs	(A)	ST	
	John		C.	Lewi	ls	Kat	ie	-	cc	Tom		
	VAS DECEASED EVER			16b. SOCIAL SECUI	RITY NO. 17.	INFORMANT	200	Al	DDRESS			
()	YES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)	214-09-6	6921	Mrs. Es	ther	R. Toms,	Smiths	burg, M	d.,21783	
	18 CAUSE OF DEAT	H (Enter on	v one couse fer	ne for (o), (b), and		. /	2 -	-0-0			ONSET AND DEALE	
	PART I. DEATH W		D BY:	ancu	none	2 84	21	Mala		1/1	181	
	1850	IMMEDIAI		DAS A CONSTOLIE	NCEOE							
37	Conditions, if any,	which	1	r as a conseque	NCE OF					5 3 9 7		
	gove rise to imr	nediote	(6)				-					
	couse (o), statin underlying couse	lost.	DUE TO, O	R AS A CONSEQUE	NCE OF							
	DART 2 OTHER SICK	HEICANIT	(c)	ONTRIBUTING TO D	SEATH BUT NO	T DELATED TO	THE TERM	INIAI DISEASE OR	ONDITION C	IVENI INI PART 1	lo)	
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?							20b. IF Y	ES, WERE FIND	NGS USED		
IFIC	The Edition of Ekanon The Edition of White I do							YES NO	_	IFYING CAUSE:	S OF DEATH?	
ERT	21a. ACCIDENT WAS UNI	DERLYING [	1 21b. TIME C	F INJURY	21	c HOW INJUR	Y OCCUR	RED (ENTER NATURE O	~			
110	OR CONTRIBUTING	CAUSE OF DEA	in		Y YEAR							
DIC.	(IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR		P. 21e. PLACE	M. OF IN HIRY	19	LOCATION	-					
WE	WHILE NOT WE	HILE		REET, FACTORY, OFFICE, FA		STREET		one	NWOTHD	COUNTY	STATE	
	AT WORK AT WO		-1 -1-4-1	e deceased from	-41	1	· AY	6	6	10 01	that the translate	
	220.1 certify that (1) sow the decess		(7)	G 19	St and	not in (my) (of	opinion	deoth occurred on t	he dote and he	our and from the	couses stated	
-	obove, (1) (ve) (	(did no	t) view the body	ofter death.	DYBY	DEE				22c (DAT	SIGNED	
	Da	00	Sidn	10,000			NDING >	MEDICAL _	STAFF _	61	81xl	
	THE PHYSICIAN'S N		Oyu	Lacen	122	e ADDRESS	SICIAN	DIRECTOR   PH	IYSICIAN [	100	1.	
	O ON LOC	2 A	- MAA	10011	211	2/2	5	8/601m	Ben (	1420	Hear Red	
	MONY	-0 E	- 1747	19cm	w/	107	11	Coo	rame	TRR	109/104	
	BURIAL, CREMATION,		23b. DATE		NAME OF CEM	C	eme.	23d. LOCATION CITY OR TOV	VN	COUNTY	STATE	
24.5	Buria	1	June 9	1981   Ga:	rfield	United	Meth			Fred.	Md.	
24. FI	UNERALDIRECTON	mo !	Z. X	avioness	-	04-0-	301	E REC'D. BY REGIST	KAK ZM. REG	STRAR'S SIGNA	HUKE	
	Davis Fu	neral	Home,	smithsbur	g, Md.,	21783		0 1001	- Way	gambina a		

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Davis Tuneral come, Smithsburg, Md., 21763

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the two should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows ony injury, ar other traumatic event, the

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	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL H ICATE OF DEATH	HYGIENE 8		1 6	8	5 0
ŀ	1 DEC	EASED NAME FIRST	M	DDLE		AST	2a DATI	REG. NO	MONTH DAY	YEAR	2b. HOUR
ı		OR PRINT)		C	7 2 4	. 4.7 .	10. DAI	OI DEATH			r.acp
ł	3. SEX	Amy	4 RACE	٥.	5. DATE C	tle DE BIRTH	6 AGE	IN YEARS LAST BIR	06 26	O L	IF UNDER 24 HRS
1					MONTE	H DAY YEAR		0.4	MON		HOURS MIN.
ŀ		female RTHPLACE (STATE OR FOREIGN	Caucas		10		4 0 DAITI	91 4085 CITY O	R COUNTY OF	DEATH	
1	C	OUNTRY)	76 CITIZEN OF W	HAI COUNTRY!		D NEVER MARRIED	×				
4		aryland IY OR TOWN OF DEATH	U. S.	CDITAL NUIDEIN	WIDOWE	DROTHER INSTITUTION		shingt	on Cor	inty	MD. F BUSINESS OR
1			UF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)		(TYPE OF	WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	- BOSINESS OK
4	Be	oonsboro	Fahrn			emorial Ho	me ho	memake	r-far	n	
1	13a. S	L RESIDENCE (IF NURS TO FOOD	NTY	3c. CITY OR TOW	N	13d INSIDE CITY LIMITS					
4			roll	Westmir	niste	res Junka ow		inwood	Stree	et	
4	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN FIRST	NAME	WIDDLE		LAST	
4		John		Little		Anna		Mari		Ro	yer
ı		(AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMANT	1111	ADDRE	:55		
		no Mo	na	220-34-	- 580	HOME INE	cords	#	11		
ſ		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per l	ne for (a), (b), one						BETWEEN O	MATE INTERVAL
1			TE CAUSE (a)		(	CHF				Ida	
		4299	DUE TO, OR	AS A CONSEQUE	NCE OF						
١		Conditions, if ony, which	(b)			MOVD				7	
1		gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF	an Ant		0		4	
1		underlying cause last.	(c)			ale And	Misich	enny			~
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISI	ASE OR CON	DITION GIVEN	IN PART 1(a	
	CERTIFICATION										4.15
,	CA	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. A	UTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED OF DEATH?
	RTE		17 3 3		77		YES [		YES [		NO 🗌
	_	210. ACCIDENT WAS UNDERLYING (		INJURY . MONTH DA	Y YEAR	21c. HOW INJURY OCC	CURRED (ENTE	R NATURE OF INJUR	RY IN ITEM 18 PART	1 OR PART 2)	
۱	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19						
I	(ED	21d. INJURY OCCURRED	21e. PLACE O	F INJURY	ARM ETC 1	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK				3.85					
ı		220.1 certify that (1) (this hosp	4 7		00			6,2			hot (I) (we) last
ı		sow the deceased alive or abave, (1) (we) (did) (did n	at) view the bady a		57 , 0	nd that in (my) (our) opin	ion deoth occ	urred on the do	ote and hour or	d from the c	Duses stoted
		22b. SIGNATURE				DEGREE				22c. DATE S	
			V-5-	TEST.	M	ATTENDING PHYSICIAN	MEDIC N DIRECT	OR PHYSIC	IAN 🗌	6. 2	5.81
1		22d. PHYSICIAN'S NAME (TYPE				220 ADDRESS					44.5
		VASANT DAT	TH, MO			1600 OAK	MILLE	WE, A	SI LERS	2 13	Carlo
1	23a B	URIAL, CREMATION, REMOVAI	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATOR	RY 23d. Lo	OCATION			
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1	24 FU	NERAL DIRECTOR			-/190	7 771111	TE BEC'D.	BY REGISTRAR	251 REGISTRAI	R'S SIGNATU	
	Rot	Port Tyle Prite	ES. 2	estmine	(m,)	not.	ar p	1981	morry	Melh	ody

BP. DHMH-16 30M 2/80 (VRA 15, 4)

A STATE OF THE STA THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY the same of the same particular to the same to be a first to the same of the s

## death. Page 4 may be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 had with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remaval. requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP DHMH - 16 50M 1/81 (VRA 15, 4)

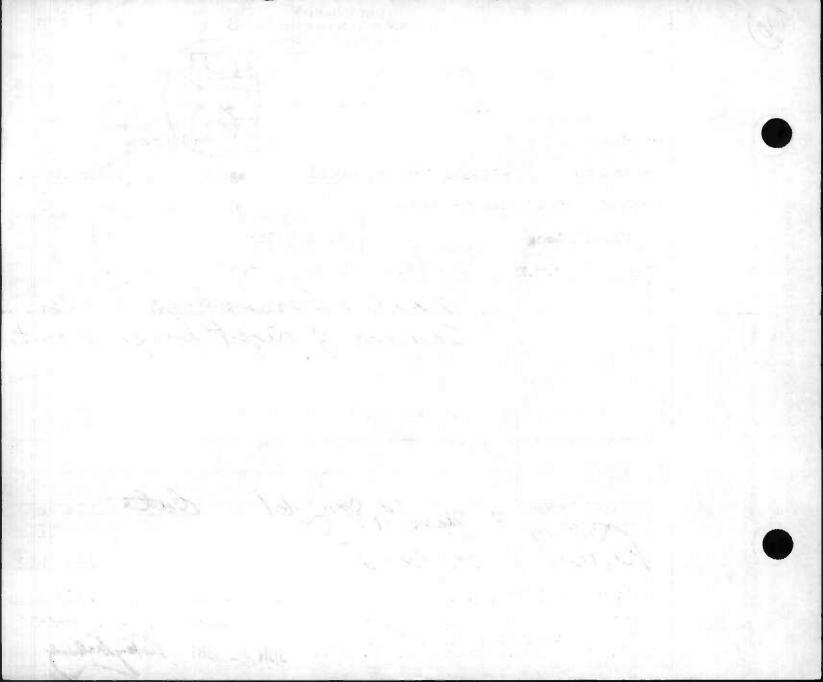
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 6

1	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	100	2 1	
	ECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MON		26 HOUR	
	Haro	old Miller	LC	NG	June 3, 1981		M	
3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR		
1	male	white	Apr	11 16, DAY 1913 FAR	68	YRS.	HOURS MIN.	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Laryland	7b. CITIZEN OF WHAT COUNTRY  USA	Y? 8 MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY <u>or</u> CO Washing	OUNTY OF DEATH	MD	
Н	11. NAME OF HOSPITAL, NURSING HOME OF HOSPIT			Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO agent	RKING LIFE) INDUSTRY	ance co.	
Ma Ma	aryland Wash	NOTHER INSTITUTION GIVE RESIDENCE BEFI NTY 13c. CITY OR TO Hagerst	WN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 900 Spruce	Street		
14. F	Fred M. Lon	MIDDLE LAST		Bessie Mille		LA	AST	
	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATECT		17 INFORMANT	ADDRESS			
	Yes W.W		9595	M. Ruth Lon	g, Hagerstow	n, Md.		
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  Due to, or as a consequence of conditions contributing to death but not related to the terminal disease or condition given in part 110  196 Date of operation  196 Condition for which operation was performed  206 Autopsy?  206 If yes, were findings used							
TIFIC					YES NON YES NO			
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM TB. PART I OR PART 2)		
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFIC		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	22a.) certify that (I) (XXXXXX) saw the decease of alive or	Xal) ottended the decound from	2 81.	that in (my XX) opinion	death accurred on the date of	19	that (I) XX lost couses stated	
	224 PHYSICIAN'S NAME TITTE OF	1 Bang	ing	ATTENDING PHYSICIAN ()	MEDICAL STAFF DIRECTOR   PHYSICIAN		ne, 1981	
	Richard T. Bi			1135 Potomac	Ave., Hagers	town, Md.	21740	
1	Burial, Cremation, Removal burial	June 6,1981 F	Rest H		Hagerstown	, Wash., M	laryländ	
		NICH FUNERAL vd., Hagerstow			e rec'd. by registrar !!!!	hope fres	Ready	



moy be

Poge 4

executed within 24 hours after

requires that the death certificate be

OR ATTENDING PHYSICIAN: The law

HOSPITAL

retained by the hospital or attending physician.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Maryland 21740 JUN

FOR

1	6	8	5	2

1	, -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).			
		EASED NAME OR PRINT)	John		wood	LC	VE	June 1	4, 198		26. HOU	A
	3. SEX	male		4. RACE whi	.te	July		6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS	24 HRS MIN.
		RTHPLACE (STATE		76 CITIZEN OF V	vhat country?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Wash	R COUNTY OF ington	F DEATH		MD.
	Hagerstown				F HOSPITAL, NURSING HOME OR OTHER INSTITUTION UCH FACILITY, GIVE STREET ADDRESS)  KEY AVENUE  128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE					12b KIND OF BUSINESS OR INDUSTRY		SS OR
2	USUA 130 S <b>M</b>	TATE TATE TYLAND	113h COUR		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hagerst	'N	13d. INSIDE CITY LIMITS? YES TO [	13e STREET ADDRESS 310 Key	Avenue			
	14. FA	THER'S NAME Milo	I	WIDDLE	Love		Valleie  Valleie	MIDDLE	Paul	lus LAS	эт	
	16a. W	AS DECEASED ET	VER IN U.S. AR	MED FORCES?	217-10-		Mrs. Doroth	ny Love, Hag		n, Mar	ylan	d
		Conditions, if gove rise to couse (a), so underlying co	IMMEDIA  Only, which immediate tating the buse last.	DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)	R AS A CONSEQUE	ENCE OF	b structure  NOT RELATED TO THE TERM	Pulmonung MINAL DISEASE OR CON	DITION GIVEN	min	en-8	
	LION			Arter	+0-4-120	he t	ic trust	مبعد				
1	TIFICA	190. DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES		TH?
	MEDICAL CERTIFICATION	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OCC	CAUSE OF DE	R) P./	M. MONTH D M.	19	211. LOCATION STREET	RRED (ENTER NATURE OF INJUI		COUNTY		STATE
		22a. I certify that	t (I) (this hosp cosed alive or	ital) ottended te	e deceased from_ 19_ after depth.	6- 	nd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	,	FF	22c. DAJ	SIGNED	eted 81
		URIAL, CREMATION SPECIFY) buria					Lawn Mem. Par	23d. LOCATION		JUNTY		STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

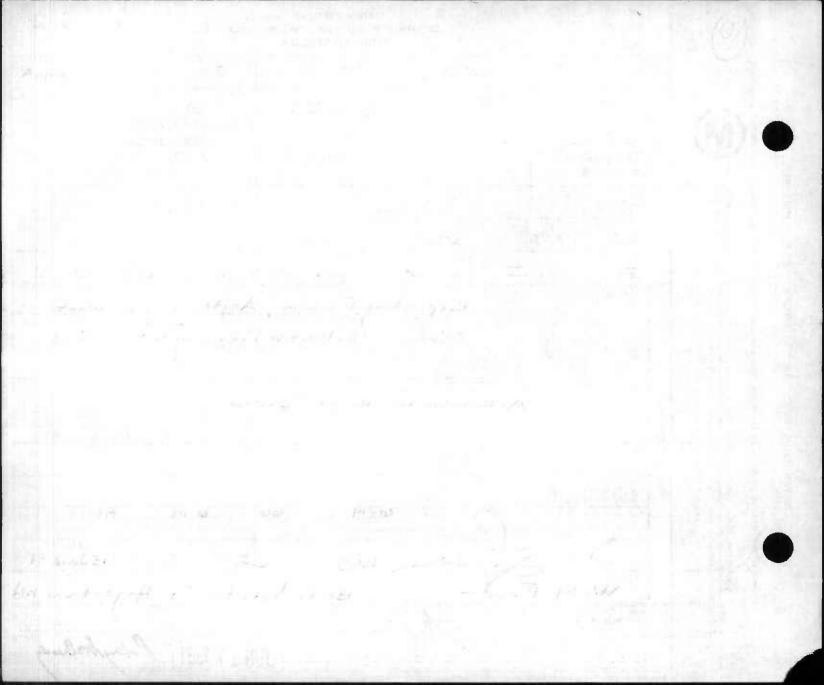
24 FUNERAL DIRECTOR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar ather traumatic event, the medical examine

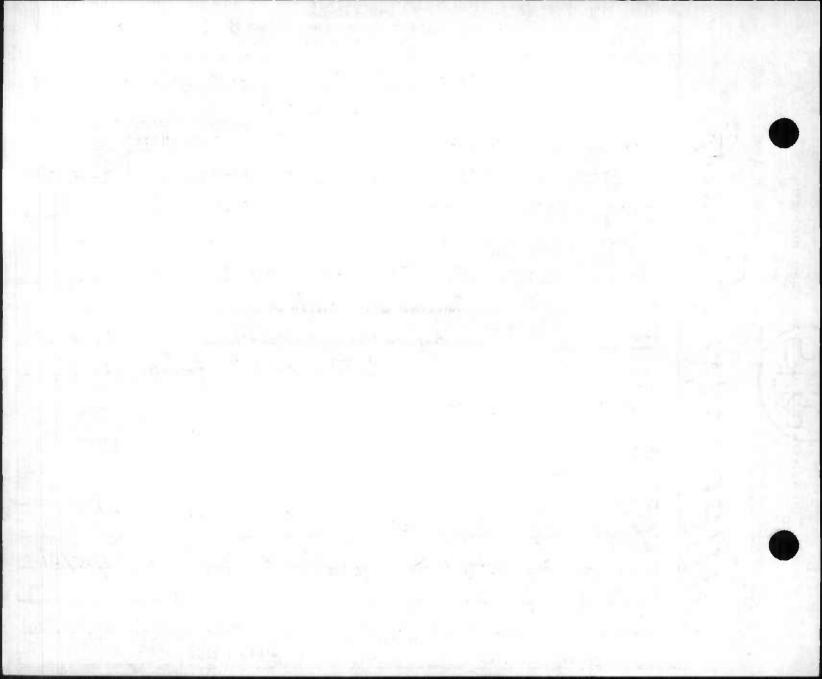
shauld be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, or remaval.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital an attending physician.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8   REG. NO.	16853
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	15.110011
	George		MARTZ	June 12	
	3. SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	Male	White	November 19,19		'RS.
BU	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED   NEVER MARRIED X	WASHING	GTON
199	Hagerstown	Washington	County Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Plasterer	12b. KIND OF BUSINESS OR INDUSTRY Construction
duyst be	Maryland Wasl	or other institution, give residence befoi UNTY 13t. CITY OR TOV nington Keedysvi	WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Rt.1 Box#2	36
exomine 0	14. FATHER'S NAME Albert	MIDDLE LAST	15. MOTHER'S MAIDEN N Emma	B. MIDDLE	Smith
medicol	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b SOCIAL SEC GIVE WAR OR DATES) 220-09-		address ertz item 13 al	pove
tic event, the	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
her froumo	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENT OF THE TO, OR AS A CONSEQUENT OF THE TO, OR AS A CONSEQUENT OF THE TORSE OF THE TO	ragtion program	1011-6	12 days
MPORTANT; If them 21 is marked or Item 18 shows ony injury, ar	A SHD D		H OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
lem 18 s	OR COLUMNIA CALLER OF		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
rked or 1	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM. ETC ) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	saw the deceased alive	spital) attended the deceased fram, an19	, and that in (my) (aur) opinion	, ta 6/12 n death accurred an the date and	d haur and from the causes stated
VT. If them	22b. SIGNATURE	L KAND MIS	DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED
MPORTANT	W.B. Kang	1 00	220 ADDRESS 1933 Hager	stown, m) a	41740
N.	230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	shington Maryland
80	24 FUNERAL DIRECTOR NAME Major M.Osborne	ADDRESS		ATE REC'D. BY REGISTRAR 256. RE	



	1.	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	NO.	6 8	5 4
		CEASED NAME OR PRINT)	FIRST	e	Jacob	Mic	Cleare	2a DATE OF DEATH	6/6	S S S S S S S S S S S S S S S S S S S	26 HOUR 10 38
1	3. SE	male	4	whit	e	July	13, 1918	6. AGE (IN YEARS LAST	YRS.	MONTHS DAYS	HOURS MIN.
15	F	RTHPLACE (STATE OR F COUNTRY) Pennsylvan	ia		WHAT COUNTRY? USA	WIDOWE		BALTIMORE CITY Was	OR COUNTY shing to	n	MD.
19	F	TY OR TOWN OF DEA lagerstown		Washir	igton Co	unty	PROTHER INSTITUTION Hospital	(TYPE OF WORK FOR MOS enginee:	T OF WORKING LIF	12b. KIND OF INDUSTRY.	F BUSINESS OR
35	13a. S	al residence (15 nurs State Maryland	136 COUNT Wash	ington	GIVE RESIDENCE BEFOR Williams	ort	13d, INSIDE CITY LIMITS? YES NO [	13e STREET ADDRES MILES	tone G	arden A	pts. 11H
10	14. FA	Raymon (	i "	IDDLE		Cleary	15. MOTHER'S MAIDEN NA FIREILISE	MIDDLE	May (	Дs	avis
	16a. V	WAS DECEASED EVER		ED FORCES? WAR OR DATES)	705-10-7		Mrs. Isabel		ary, W	illiamsp	ort, Md.
		PART I. DEATH W Canditions, if ony, gove rise to imm cause (o), statin underlying cause	which mediate g the last.	BY: CAUSE (0) DUE TO, 9 (b) DUE 10, 6	AS A CONSEQUENCE AS A C	ENCLOSE ENCLOSE	getine Systic	se più a	Elsco	7	MATE INTERVAL NISET AND PEATH
9	MEDICAL CERTIFICATION	Tateus 190 DATE OF OPERA	DERLYING CAUSE OF DEATH	19b. COND	ITION FOR WHICH  FINJURY M. MONTH D  M.	OPERATION	N WAS PERFORMED  216. HOW INJURY OCCURS	200 AUTOPSY YES DO DO	20b. IF YES IN CERTIF YE	S, WERE FINDIN TYING CAUSES (S )	IGS USED OF DEATH? NO
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ME	WHILE NOT WHAT WORK 200 AT WHILE A WHI	(this hospito	il) attended th	1 19/	7/	STREET  19  d thist in (my) (our) opinion of the control of the co		date and hav	19 tr and from the c	
		22d. PHYSICIAN'S NA	SU SU	PR	~		776 ADDRESS 33 9 N. PE	Jones S	A. Hay	orston-	· hed
	1	BURIAL, CREMATION,			9,1981	Rest 1	emetery or crematory Haven Cemete	23d LOCATION ry Hager	stown,	Wash.,N	Maryland
	24 FI	UNERAL DIRECTOR M. 415 MEE. Wil	INNIC son B	H FUN	<del>ERAL 'HC</del> Hagersto	Wn, M	Id. 21740 250. DAT	E REC'D. BY REGISTRA			

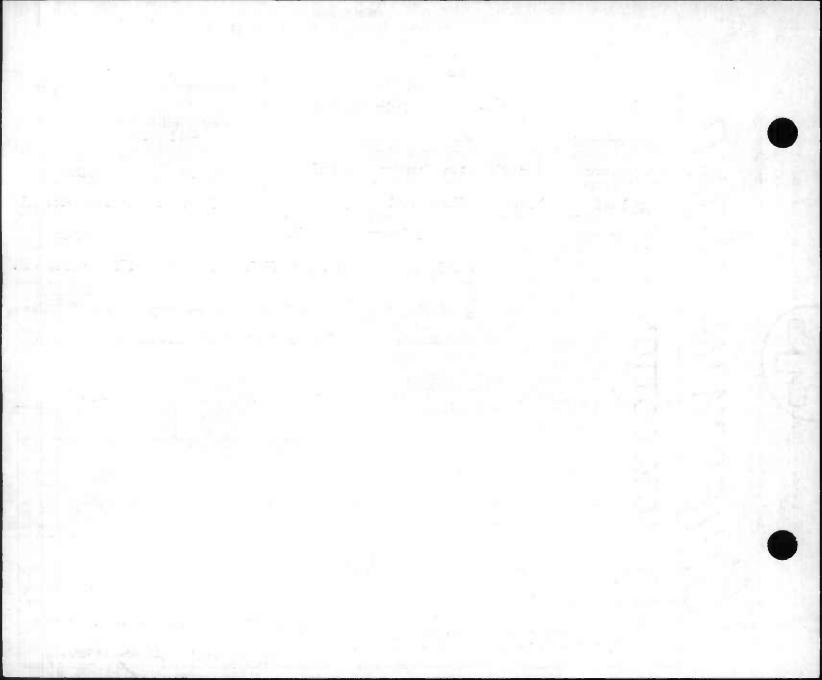
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

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OR ATTENDING PHYSICIAN: The

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FOR STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	REG. N	0.	6	3
DECEASED NAME FIRST	MIDDLE	LAST	2n DATE C	E DEATH	MONTH	DAY	YEAR

1	1-	STATE REGISTRAR			DEPART	CERTIF	ICATE OF DEAT	H HIGH	REG.	NO.			
1		EASED NAME	FIRST	11-11-11	MIDDLE	L.	AST		20. DATE OF REATH	MONTH	DAY YEAR	2b. HOUR	
I	(TYPE	OR PRINT)	Patric	ia :	Eugenia	Mo	Gee		1	ino !	2,1981		М
I	3. SEX			I. RACE		5. DATE C	D.I.I. ME		6. AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAYS	IF UNDER 24 HR	3
1		Female	e	Whi	te	June		80	72	YRS.		1.00%	
4	7a BIR	RTHPLACE (STATE C	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MARRIE		BALTIMORE CITY	OR COUNTY	OF DEATH	To The	
		lordia		U.S	.A.	WIDOWE			Washir	gton	County	7	MD.
	10 CI	TY OR TOWN OF D	EATH	1. NAME OF	HOSPITAL, NURSII	NG HOME C	R OTHER INSTITUTION		12a. USUAL OCCUPA	ATION	12b. KIND C	OF BUSINESS C	)R
7	На	gerstow	n l	Washi	ngton C	ounty	Hospita		(TYPE OF WORK FOR MOS	OF WORKING LI	FE) I INDUSTRI		
1	USUA	L RESIDENCE (IF NO	JRSING HOME OR										-
4		rvland	Washi	ngton	Hagers	town	YES TO NO	MITS?	13e. STREET ADDRES	Walnu	t Towe	ers #5	08
		THER'S NAME	, asi				15. MOTHER'S MAIL		E				_
1		H.	N	W.	Burkha	lter	Heler	1	C . MIDDLE		Knigh	Ë	
1		AS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17. INFORMANT	- 1	ADI	908	Rollin	ng Roa	1
	(4)	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	578-07-	0546	Mildred	d W.	Fiery	Hager	stown		
9		18 CAUSE OF DEA	ATH (Enter onl	v one cause pe	r line for (o), (b), ar	nd (c).)				110801		MATE INTERVAL ONSET AND DEAT	н
		PART I. DEATH	WAS CAUSED	BY: CAUSE (a)	(harmi	r lol	Arachere	Du	lmonay o	heeder	server	42.	
	-	4910	IMMEDIATI		<u></u>			11	1				
		Conditions, if or	e an maktak	DUE TO, C	R AS A CONSEQU	hurs.	chrowing				100		
		gave rise to i	mmediote	(b)_	1310000		CH WILL		119				
		cause (a), sta underlying cou		DUE TO, C	R AS A CONSEQU	ENCE OF	Entestino	lale	edins	11.00	2 + 13	Leute	
	40	PART 2. OTHER SI	GNIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEKSE OR CO	NDITION GIV	EN IN PART 1	(a)	=
	NO	1 Conger	Twe Ho	end 7	siling?	hranic	YASCI	VD	3/4PN,	Essente	al		
2	CAT	19a. DATE OF OPER	RATION L	19b. COMD	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	)	20a AUTOPSY?		S, WERE FINDS		
7	TEK								YES NO		S [	NO [	
1	CERTIFICATION	21a. ACCIDENT WAS L		21b. TIME C		AV VEAD	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF I	NJURY IN ITEM 18	PART 1 OR PART 2)		_
		OR CONTRIBUTING		11	.M. MONTH D	AY YEAR							
	MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY		21f. LOCATION		CITY OF	7040	COUNTY	STATE	
	X	WHILE NOT	WHILE	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC }	STREET		CHTON	j i	200,111	SIAIC	
		22a.1 certify that		ol) ottended th	ne deceosed from	. 4	126 19	76		6/11	19 81	that (I) (we) la	ost
į.	1	saw the dece	osed alive on	616	/ 19_	X1 . ar	nd that in (my) (our)	opinion de	eath occurred an the	date and hou	or and from the	causes stated	
ď	1970	22b. SIGNAFURE	(did) (did not	view the body	ofter death.		DEGREE		1		22c. DATE	SIGNED	+
		111	Xeron	weste	Mu	14	D ATTENI		MEDICAL S'	TAFF SICIAN [	61	15/8/	
	10	22d PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e. ADDRESS	0		010	1	1100	
		R.V.	SARI	AMPO	TE	14	879	Con	n mon lives	113	HUE.	227	1842
	23a. B	URIAL, CREMATIO	N, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	C	remati	on	6-15	-81 S	miths	shurg Cr	emat	any Smi	hehir	or Was	h MT	)
	24. FU	INERAL DIRECTOR		Haven	Funera			250. DATE	REC'D. BY REGISTR	AR 25b REG IS	TRAR'S SIGNA	TURE	
		160			e. Hage			JUN	1 9 1981	more	7		
-								100 000				./	_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral after should be detached for use as the buriol-tronsit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 that with the State Dept, of Health and Mental Hygiene priar to burial, cremation, or remaval.

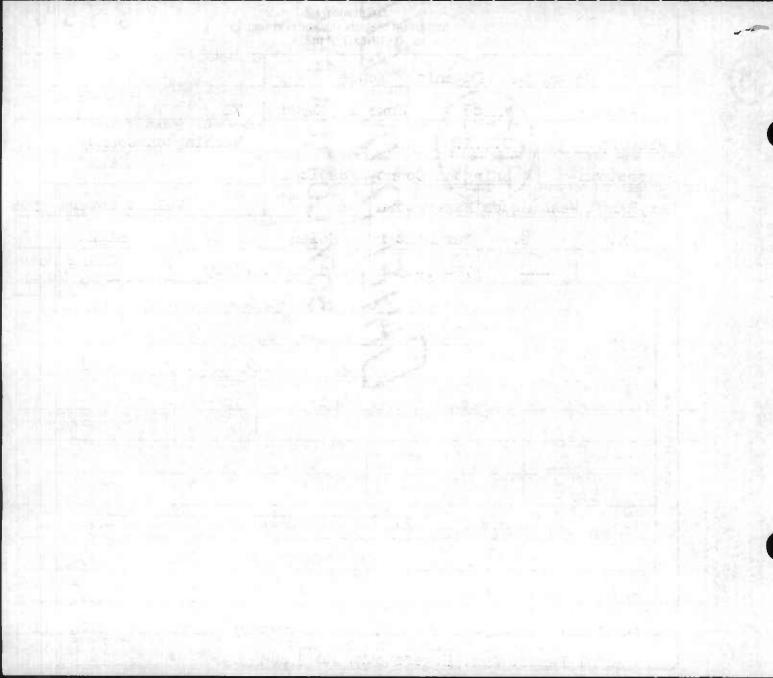
win the State Ucept, or nealth ond mental hygiene prior to overlay, cremation, or femano. IMPORTANT: If Hem 21 is morked or Hem 18 shaws any injury, ar ather traumotic event, the medical examples.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth retained by the hospital or ottending physicion.

ust be notified of once.

DHMH-16 30M 2/80 (VRA 15, 4)

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FOR

### STATE OF MARYLAND DEPARTMEN

ŧΤ	OF	HEALTH	AND	MENTAL	HYGIENE
F	RTI	FICATE	OF	DEATH	

1	1	6	8	Ë
REG. N	10.			
F DEATH	MONTH	DAY	YEAR	2b HC

1 05	- STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. N	0.
	ECEASED NAME FIRST	MIDDLE	Mello	11	0. DATE OF DEATH	MONTH ONY YEAR 26 HOUR
3. 587	M	White		Z, 1896	AGE (IN YEARS LAST BIS	YRS
	COUNTRY PAR OF PORIOR	CLS as	RY? 8		EU as hi	or COUNTY OF DEATH
A	Hagers fown	ME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER		20 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
13a S	STATE Pa PSV COUNT	OTHER INSTITUTION GIVE RESIDENCE BE TY 13c CATH OR T	OWN 13d. INS	DE CITY LIMITS?	A DORES	
1	John 1	b, Mel	10++	Mahalia	WIOOLE	Truax
	WAS DECEASED EVER IN U.S. ARN (YES, NO OR INKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL S WAR OR DATES) 163-1	6-4799 MX	Ir Ceneva	Ridenous	Koop Rt. V. Fayetteville
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	and ich	1 Aod	in Aven	APPROXIMATE INTERV BETWEEN ONSET AND
	Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	6 / 4	/ "	
	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF			
NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN IN PART 1(0)
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	W INJURY OCCURRED	O (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CATION STREET		
MEDI	WHILE NOT WHILE AT WORK		REE, FRAMI, ETC. J	SIREET	CITY OR TO	WN COUNTY STA
MEDI	220.1 certify that (1) (this haspite saw the deceased alive on _ above, (1) (we) (did) (did not)	6/3/	om 3	198/	, to 6/3	COUNTY STA
MEDI	22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not) 22b. SIGNATURE	viewthe body ofter Beach	om 3	(my) (our) opinion dec	oth occurred on the d	ofe and hour and from the causes state
MEDI	220.1 certify that (1) (this haspite saw the deceased alive on _ above, (1) (we) (did) (did not)	viewthe body ofter Beach	om 3	(my) (our) opinion dec	nto the description of the descr	ofe and hour and from the causes state
23 а. В	22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not) 22b. SIGNATURE	view the body after Beach	om 3	(my) (our) opision decorated ATTENDING ATTENDING PHYSICIAN DRESS	nto the description of the descr	of e and hour and from the causes state  The DATE S GNED  FF CIAN   COUNTY  CO

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and sampletely lilled in by the fushauld be detached for use as the build-transit permit. Then please remove carbon papers transit and 2 thauld be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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N	No.
Poge.	directo
death	meeta
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hours	d in by t
1 24	filled
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ecuted	d comp
e ex	ouo u
tificote b	physician
the deoth certificate be executed within 24 hours after death	the attending physician and completely filled in by the f
the	the

and Mental Hygiene prior to burial, cr

PORTANT: If Item 21 is marked or Item 18 shows any

auth be detached for use os DIRECTOR

FUNERAL

FOR - STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	0.	0	Ö	2	/
DLE 11	MICHAEL	June 28,		DAY	YEAR	26 HOU	
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
5.44.16	October 29, 1897	83	YRS	MONTHS	DATS	HOURS	MIN.
LAT COLINITONS	0	To 0 1/2/1/2010 0101/					

		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		Edmon	ia Bell	MICI	HAEL	June 28,	1981		9.40 P.
	3. SEX	female	white	S. DATE C		6 AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
3		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUP	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O			
7	10 CI	TY OR TOWN OF DEATH  Hagerstown	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Washington	URSING HOME C STREET ADDRESS! County	OR OTHER INSTITUTION	120 USUAL OCCUPAT	TION		PF BUSINESS OF
2	130. S M	aryland Wash			13d. INSIDE CITY LIMITS? YES 🚰 NO 🗌		roadwa	У	
1	14 FA	THER'S NAME  FIRST  Lee S	nyder	57	15. MOTHER'S MAIDEN NA	irsie Reyno		ŁAS	I
	{ }	VAS DECEASED EVER IN U.S. AR EES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	-0283D	Mrs. Sue	K. Karn,		town,	Md.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last		cando -	ASEVO	(-		BETWEEN	MATE INTERVAL ONSET AND DEATH
	NOI	PART 2 OTHER SIGNIFICANT (					1DITION GIVEN	N IN PART 1	9
1	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?  YES NO		WERE FINDIN NG CAUSES	
1	MEDICAL CE	27a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T 1 OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
			tal) attended the deceased to the control of the co	19 87 , an	2 , 19 & and that in (my) (aur) apinion of	ta 6, 2	, 17		that (I) (we) los couses stated
		22b. SIGNATURE	tatte	M	ATTENDING _	MEDICAL STA		22c. DATE	SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) VASANT DATTA MID 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

burial

DAKHILL AVE, MAGERSTOWN, MO 1600 231. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

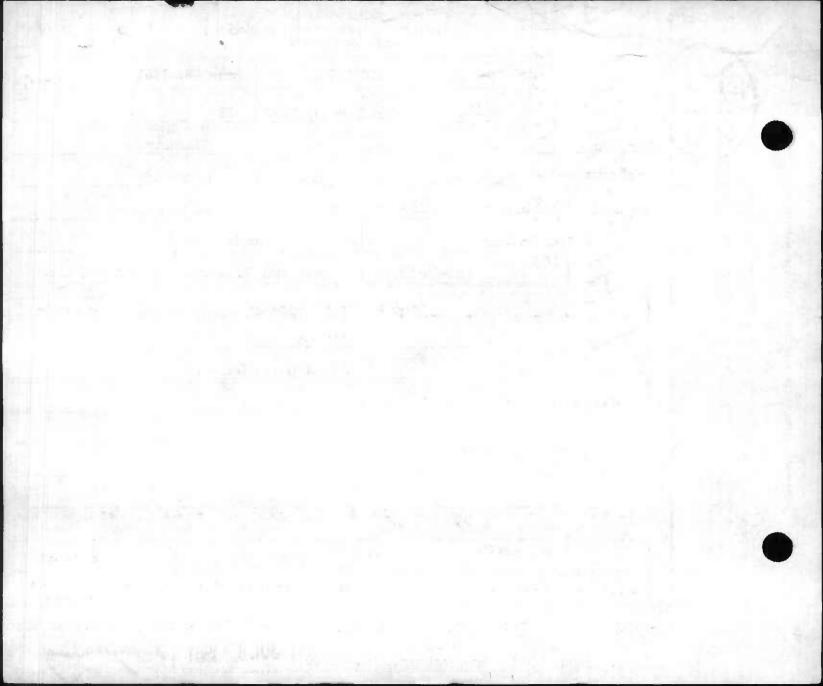
21740 Hagerstown, Wash., Maryland Rest Haven Cemetery

MINNICH FUNERAL HOME

July 1, 1981

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 1/81 (VRA 15, 4)



tor, poge 3

ned by the attending physician and completely filled in by the please remave corban papers. Pages 1 and 2 shauld be filed w

should be detoched for use os the burial-transit permit. Then please remaye corban page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal

MPORTANT: If Hem 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

etained by the hospital or attending physician.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

njury, ar other traumatic event, the medical exam

deoth. Poge 4

within 24 hours ofter

STATE OF MARYLAND

1	6	8	5	8
				_

- STATE REGISTRAR			DEPARIA		FICATE OF DEATH	REG. N	10.		
I DECEASED NAME (TYPE OR PRINT)	Oscar	Ch	arles	M	INER	20 DATE OF DEATH June	7, 19	81	26 HOUR
3. SEX male		4 RACE whi	te		оғыктн Шату 19, 1911	6 AGE (IN YEARS LAST B		UNDER I YEAR	HOURS MIN.
7a. BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	what country?	MARRII WIDOW	ED X NEVER MARRIED	9 BALTIMORE CITY			MD.
Hagerstow	m	143°S	outh Mulb	erry		170 USUAL OCCUPAT		INIDITISTRY	of BUSINESS OR caft mfg.
Maryland	NURSING HOME OF THE PROPERTY O	n other institution	Hagerst	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	th Mulb	erry S	Street
Oscar		ayton	Miner		15. MOTHER'S MAIDEN NA Mary	WE	We	eller	т.
160 WAS DECEASED I (YES, NO OR UNKNOW NO		RMED FORCES?	166 SOCIAL SECU 214-09-8		Mrs. Elizabe	eth V. Mine		rstown	ı, Md.
gave rise to cause (o), underlying a	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CON					AINAL DISEASE OR COM	T DE		a
190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	WERE FINDIN	OF DEATH?
214 INJURY OC	CAUSE OF DE	R) P.	M. MONTH DA M.	Y YEAR 19 ARM, ETC )	211 LOCATION STREET				NO STATE
saw the de obove, (1) (v 22b. SIGNATURI UCC 22d. PHYSICIAN	ceased alive as	at) view the bady	ey and.	6/31/.	DEGREE	medical STA DIRECTOR PHYSE		22c. DATE:	SIGNED 8/81
230. BURIAL, CREMATI	ON REMOVAL		23c. N		CEMETERY OR CREMATORY Hill Cemetery	Hagerston			

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Maryland 21740

Hagerstown, Wash., Maryland

250. DATE REC'D. BY REGISTRAR 256. RE.

Mary 4. honey, h. h. 1765 tak till: venue strgerstorm, at 21765

# DIVISION OF VITAL RECORDS.

(VRA 15, 4) 7/78

FOR

### - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE LAST 28 DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) Belinda Jean Mitchell RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 VEAR IF LINDER 24 HRS 3 SEX 6 MONTH MONTHS DAYS HOURS EWBORN YOU Female White Ta BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED 1 Maryland Washington County U.S.A WIDOWED MD. IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h, KIND OF BUSINESS OR Washington County Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. COUNTY 136. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 2 Washington Maryland Hagerstown 109 West Side Avenue YES TX NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 19 E MIDDLE LAST FIRST MIDDLE LAST ō Mitchell Beverly Jean Mills 109 West Side Avenue medical Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIEVES GIVE WAR OR DATEST William Mitchell Hagerstown. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene NON YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH lental h Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY ž 21d. INJURY OCCURRED 211 LOCATION 'n (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE marked NOT WHILE AT WORK AT WORK 22a | certify that (1) (they have tall) attended the deceased from sow the deceased alive on 6-24 above, (1) (me) (did) (did as) view the body after death. and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE MEDICAL STAFF ATTENDING should be detail with the State [ PHYSICIAN FA DIRECTOR PHYSICIAN FUNERAL MPORTANT 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION Burial STATE COUNTY 6-26-81 Greenlawn Memorial Park winhki ama AVEAUG INC'D. BY THE STRAP LIN. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M

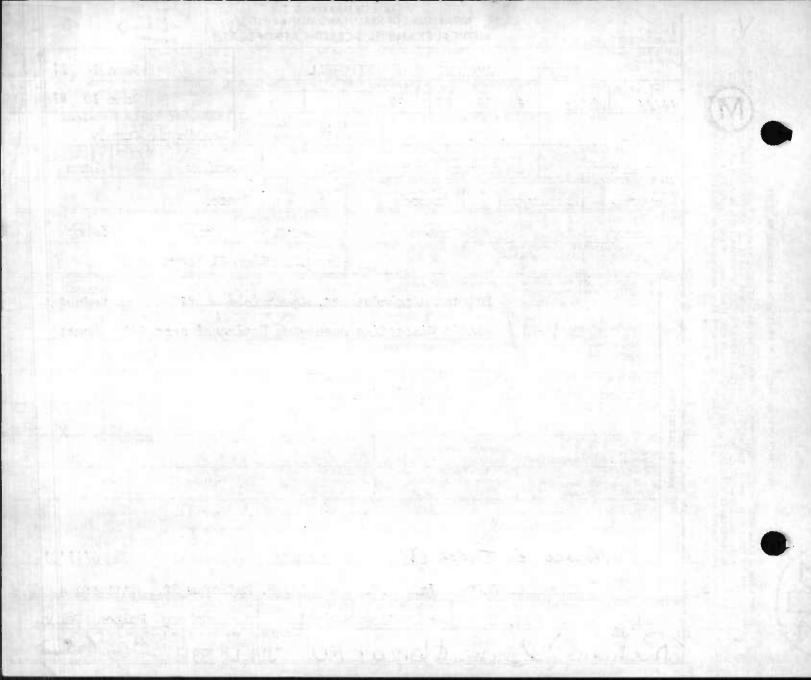
Coffman Funeral Home. Inc., Hagerstown, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	V	i,	FOR		ely .	DEPART	STAT MENT OF H		ARYLAN AND MI		HYGIEN	E i	1 6	8 6	0
	X		STATE REGISTRAR		ME		EXAMIN	ER'S C		CATEC	OF DEX	KEC	3. NO.		
1	w ≈ o ⊏		CEASED NAME	JESS I	E ANN	MIDDLE		MTT	CHELL			OF ESTI- DEATH MATER	_	10 19 81	7:48
	TOR. URS URS	3. SEX	Female 1	RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA	RS IF UN	IDER 1 YR.	IF UNDER	24 HRS.	2c. DATE	MONTH	DAY YEAR	4 194
	(NA)			phite	#0 16	03	LAST BIRTHDA 77 <sub>YR</sub>	S. MONT	HS DAYS	HOURS	MIN	PRONOUNCED DEAD	June	10 19 81	A M
		7a BI	RTHPLACE (STATE	E OR	76. CITIZEN OF W		TRY?	8. MARR	ED A NE	VER MARR	RED 🗌	9. BALTIMORE CI	_		1919
	ZZ 9 3		enna.	DEATH	U.S.A		DEING HOME	WIDOW		DIVORC		Washingt			MD
	DELAY IS NO PAGE 5 N PAGE 5 BE FILED, DS, 301 W	H	lagerstov	vn	Washing	ton C	ounty H	lospi		TION	Home	JAL OCCUPATION MOST OF WORKING LIFE	)	OR INDUST	RY
1201	S. AND 3 TO 3. AND 3 TO 3. RETAIN P SHOULD BE IL PECORDS,	13a. S	TATE TYland	13b. COUNT Washi	other institution, g Y ngton	13c. CITY	OR TOWN	ON)	13d. INSIDE CI	ITY LIMITS?		eet address nsel Road	1		
MD. 2	I NET 11	14. F/	ATHER'S NAME		MIDDLE		LAST		F	R'S MAIDI	EN NAME	MIDDLE		LAST	
RE,	9 × 8 6 -	160.	Harry WAS DECEASED E	VERINIIS ARA	IED FORCES?	Den	en	NO	17. INFORA	arah		Jane		Bishop	
ALTIMO	URS AFTER 3. GIVE PA WITH FOI PAGES 1 DIVISION	{Y	ES, NO. OR UNKNOWN	(IF YES, GIVE V		100.30	CIAL SECONIII			C. M	litch		as 13		
T., B/	JB. C JB. C VIT. P		18. CAUSE OF D	H WAS CALISED	y ane cause per line BY:			Sect	THE	4 4				APPROXIMATI BETWEEN ONSE	T AND DEATH
ONS	LON LON PERA GIEN		441	MMEDIAT	E CAUSE (a) Put	MONO!	TH embo	lus,	nt.	lower	labo	2 415		minute	4
REST	ER NSIT HANDOVAL	18		if any, which to immediate								renal are	a 441	hours	
DIVISION OF VITAL RECORDS, 301 W. PRESTON	FENCE EXAMIN IAL-TRA MENTA OR REM			ating the <u>under-</u>	< /		ISEQUENCE C							-71	
DS, 30	CAL BURN		PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL DISEAS	OR CONDITION	N GIVEN IN PA	ART 1 (a).			1	
COR	MEDIN AS A ALTH	NO			ailing 01										
AL RE	RD "PE CHIEF I USED OF HE, CRE	CERTIFICATION	19a. DATE OF O	PERATION	19b. COND	TION FOR	WHICH OPER	ATION W	'AS PERFOR	MED?				20 AUTOPSY	_
FVII		ERTIE	21a. EXTERNAL (	CAUSE WAS	21b. TIME O	F INJURY		21c. H	OW INJURY	OCCURRE	FD (ENTER)	NATURE OF INJURY IN ITE	EM 18 PART 1 OR PA	YES YES	NO [
ONO	SECULE	MEDICAL C		CAUSE OF D	EATH P.A		19								ni s
DIVIS	WRITING TARDED TO VARE 3 SHORT DEPARENCE TO PRIOR	MED	21d. INJURY OCH WHILE AT WORK	CURRED NOT WHILE C AT WORK	21e. PLACE STREET, FAC	OF INJURY TORY, FARM, E			CATION			CITY OR TOWN	cou	UNTY	STATE
	ATE, TORWATE, PARE, PARE		22a. I certify t	that I taak charge	e af the remains de	scribed abo	ave, held an	Autop	sy X,	Inspectia	ın 🔲,	Inquiry ,	and in my ap	inian	
	BE PECTO		death resulted	fram: Nature	al causes X,	Accident	, Sui	cide	, Hamic	ide .	Undet	ermined manner	<b>_</b> ,		
	L EXAMINE E CERTIFICA OULD BE FC L DIRECTOR H, WITH THE MARYLAND,		ACTUAL	Large	R. TA	teh	N		TITLE (S	pecify)			DATE	6/11/8	1
	SHCAL SHCAL SEATH ORE,				101/10	000-	-		.D	sucy	MED	ICAL EXAMINER	SIGNE	D 0/ 3 1/ 0	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 9 BALTIMORE, MA		(TYPE OR PRINT)	Harol	d R. Tri				ADDRESS_			tietam St	. Hage	erstown,	MD
	BP	- (1	URIAL, CREMATIC Specify) Burial		6-14-81		ck Val				CITY	CATION OR TOWN Fordsburg	Fulto		TATE
	DHMH - 17 (VR A15 ME (5))	21 5	NAME NAME	OR ON	ADDRES:	o t	Jon.	سريد	MO	25a. DATE	REC'D. BY	REGISTRAR 25b. I	REGISTRAR'S S		7
	15M7/77		winc	m d	Alon	7-11	WILL	1	1-1/-/			0 13911	-		1-



requires that the death certificate

executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

must be

			-		
STATE	OF	MA	RYL	AND	

1 -	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	6 8 6	1
	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
lite	Harol	d JUNIOR	MU	mmert	6-	4-81 355	AM
3. SE	X	4 RACE	5. DATE C	)F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24	4 HRS
	Male	White	MONTH 5-	17 - 23 YEAR	58 YRS.		MIN.
7g. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
1	enna,	USA	WIDOWE		Washington		MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINES:	SOR
H	agerstrum	JashiN atau	OU AIT	v Hospital	DRIVER	Taxi	
USU.	AL RESIDENCE (IF NURS HE HE LE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		71-91-10-1	1 VALVES	1 10121	
30.	opida Hil	150000 Tamp	a	YES NO NO	2812 Woode	000 St.	
14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LACT	
	HARRY	- Mumme	Tas	Effice	~ E	shelman	
	VAS DECEASED EVER IN U.S. A		IRITY NO.	17. INFORMANT	ADDRESS 600	5 JARVIS	tc
(	YES, NO OR UNKNOWN) (IF YES, G	W2 2/5/14	2309	Robert E.	Eshelman Tax	na Fla	21
	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), on	d (c).)			APPROXIMATE INTERVA	AL EATH
	PART 1. DEATH WAS CAUS	ED BY:	rdia	c Arrest		12 hours	
	4595 MMEDIA	112 CAOOL (0)					
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUI	D 3 C C	exatic Care	diovascular dise	se 7 mas	
	gove rise to immediate	(b) (b)		TOTIC CALL	100000000000000000000000000000000000000	7	-
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF			1 1 1 1 H	
		(c)					
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0)	
110			N	one			
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH	1?
TIF		V2 = 05 -			YES NO YES		
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF D	CAIR	19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		COUNTY STA	
×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	ATE
	22a. I certify that (1) this has	pital) attended the deceased from_	JUN	€ 3 ,19 Bi	to June 4	19 B) , that (Man	+lost
	sow the deceased alive a	ot view the body ofter death.	81 , or	nd that in (our opinion o	death occurred on the date and hou	and from the couses state	ed
	226. SIGNATURE			DEGREE		22c. DATE SIGNED	
	Rupar	d E. Amits	.121	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/4/81	1
	224. PHYSICIAN'S NAME (TYPE			22e ADDRESS			
	Richard	E. Smith, Ki	D.	1708 Oak 1	Hill Ave. Ha	gerstown, kuc	1.
-							

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physicia

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

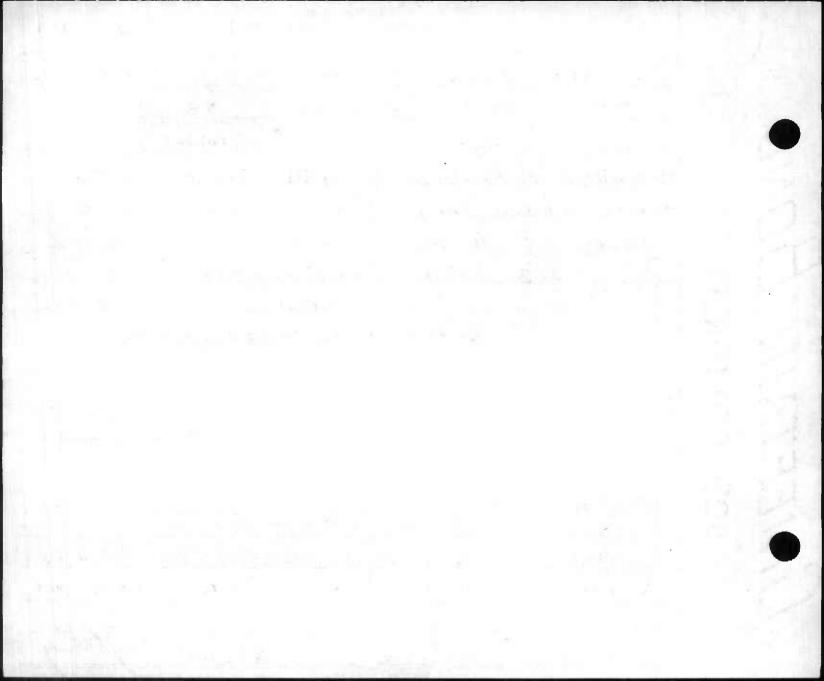
23¢ NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 256. REC'TRAR'S SIGNATURE

STATE

24 FUNERAL DIRECTOR

1981



ingreed by the attending physician and completely filled in by

executed within 24 hour

death certificate be

10	2	

STATE OF MARYLAND

6	\$3	6	2
0	6.0	0	Con

1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH		6 6 5 2		
1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR		
(TYPE	Daisv	Mae	Murray	June 29.198	7 12 15 M		
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
	Female	White	May 10. 1909	77	MONTHS DAYS HOURS MIN.		
o. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
W	· Virginia	U.S.A.	MARRIED NEVER MARRIED  WIDOWED NOT DIVORCED	Washingto	n MD.		
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
H	agerstown	Washing t	street address)	(TYPE OF WORK FOR MOST OF WORKING I	Home		
-USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		TOME		
Ma			iamsports NO X	RFD-2			
14. FA	ATHER'S NAME	MIDDLE LAS		NAME	LAST		
	Ellsworth	Be t			nningham		
160. V		SIVE WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRESS			
	No	216-8	0-8928 Mr. Lewis	Murray Big S	pring, Md.		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line far (a), (			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		ATE CAUSE (a) CAR	DIAC ARRYTH	IMIA	540DEN		
	4059	DUE TO, OR AS A CONS	SEQUENCE OF				
	Conditions, if any, which gove rise to immediate						
	cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	- 4.0 11021	D16 - 10		
	underlying cause last.	(c) CUL		LEROTIC HEA			
2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)		
CERTIFICATION	91	ABETIS N	MELLITUS				
2	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
E					ES NO		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19				
B B	21d INJURY OCCURRED	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY		
-	AT WORK NOT WHILE AT WORK			1/2/			
		pital) ottended the deceased f	6 9 1	0 , ta 6 / C 8	, 19, that (I) (we) lost		
		in O O O O O O O O O O O O O O O O O O O	, and they are they are	an deoth accurred on the date and ha			
	22b. SIGNATURE	· Aunan	DEGREE ATTENDING	MEDICAL STAFF	12c. DATE SIGNED		
1	1 Cou	rancump	M. D. PHYSICIAN	DIRECTOR PHYSICIAN	6/29/8/		
	PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS				
/	1 R. AMAI	51110. V	1. D. 1127 1611	16 ST HAGERS	STOWN MID		
23o. I	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATOR	234 LOCATION CITY OF TOWN	COUNTY STATE		
-	Burial	July 2, 81	Shanktown	Big Pool, Mo	d. Wash. Co.		
2	Convalle CE	Thompson		DATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE		
1 3	hompson Fund		learspring Md.	יייין אייין	The Charles		

Home Clearspring

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has ben

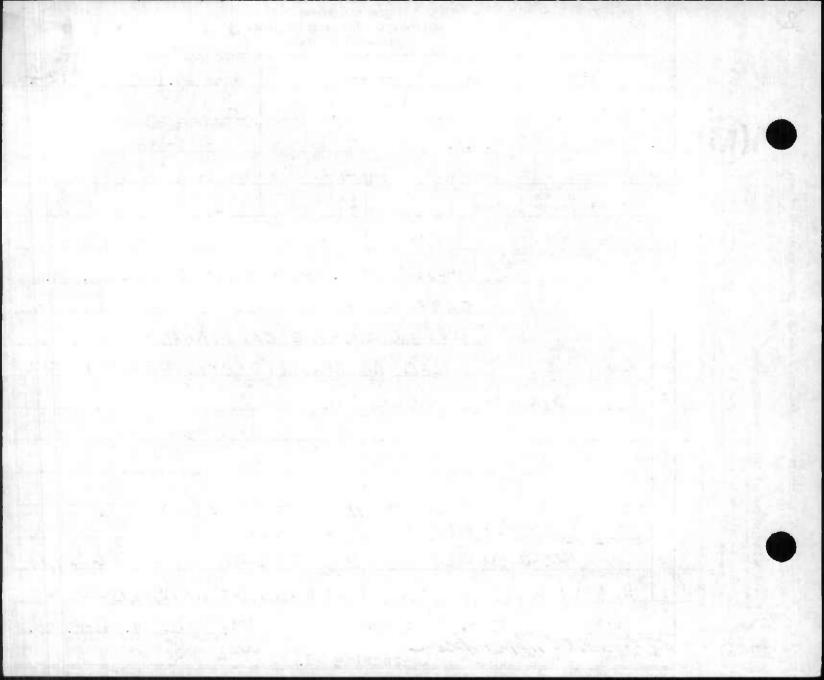
ned by the hospital or

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TO HOSPITAL

ATTENDING PHYSICIAN, The You

MPORTANT, If lem 21 is marked as them 18 shapes an



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death. Page 4 may be

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the hospital ar

offending physician.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	8	6	3

Female  White  Peb, 19, 1910  71 yrs.  Fe BIRTHPLACE (STATE OR FOREIGN OWN OF JEAR OR FOREIGN OWN	
Virginia May Myers June 16, 1981  3. SEX Female 4. RACE S.DATE OF BIRTH MONTH DAY YEAR MONTH DAY	PAY YEAR 25 HOUR
Female  Female  White  S. DATE OF BIRTH MONTH MISSINGHER  MEALTHANA BALTHANA BALT	1 M
Female  White  Peb, 19, 1910  71  VRS.  ABRITHPLACE ISTATE OR FOREIGN OCCUPRED  WIDOWED  DIVORCED  TO COUNTY  MARYLAND  TO S. A.  NEVER MARRIED  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	IF UNDER 1 YEAR IF UNDER 24 HRS
Maryland   U. S. A.     MARRIED     DIVORCED     DIVORCED     DIVORCED     DIVORCED     DIVORCED     DIVORCED   DIVORCE	MONTHS DAYS HOURS MIN
Maryland  U. S. A.   WIDOWED   DIVORCED    III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   THE LIBERT OF THE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS)  Washington County Hospital   Housewife    Washington   136, CITY OR TOWN    Maryland Washington   Hagerstown Yes   No   136 STREET ADDRESS    IN MODILE   Hagerstown   136 MOTHER'S MAIDEN NAME    FIRST   Hugh   Barrow   IS MOTHER'S MAIDEN NAME    FIRST   Hugh   Barrow   Wellie    Washington   Hagerstown   15, MOTHER'S MAIDEN NAME    FIRST   MODILE   Hagers    West Baltimos    Is CAUSE OF DEATH LEnter only one couse per line for 101, (b) and 10    PART I. DEATH WAS CAUSED BY    IMMEDIATE CAUSE (b)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN    PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IN INCERTIFY IN INCERTIFY IN INCERTIFY IN INCERTIFY IN INCERTIFY IN IN	OFDEATH
Hagerstown  Washington County Hospital  Housewife  Washington County Hospital  Housewife  Washington County  Maryland Washington  Hagerstown  Hagersto	County MD
Hagerstown  Washington County Hospital  Housewife  Jab State  Jab	12b. KIND OF BUSINESS OR
136. STATE   136. COUNTY   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS   11 West Baltimon   14. FATHER'S NAME   Hugh   15. MOTHER'S MAIDEN NAME   Hugh   15. MOTHER'S MAIDEN NAME   Hugh   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.6 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS 1281/2   16. WILLIAM S. Binkley   Hagers   18. CAUSE OF DEATH (Enter only one couse per line for to), (b., and to PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Conditions, if any, which gave rise to immediate couse   101, stating the underlying couse   lost.   CONDITION SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN   DISEASE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   206. AUTOPSY?   206. IF YES, WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   206. AUTOPSY?   206. IF YES, WAS UNDERLYING   216. ACCORDITION STANDARD   216. ACCOR	, INDUSTRI
Hugh  Barrow  No  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN)  NO  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DIABETES  MELLITUS  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  CONGRESS 1281/2  William S. Binkley Hagers  DUE TO, OR AS A CONSEQUENCE OF Underlying couse last.  CONGRESS 1281/2  VIELDING OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  CONGRESS 1281/2  VIELDING OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  CONGRESS 1281/2  VIELDING OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190. BATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY?  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY?  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY?  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY?  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY?  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY?  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY?  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. LECTIFYIN  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. LECTIFY IN THE WAS AUTOPSY?  YES  NO CONDITION FOR WHICH OPERATION WAS PERFORMED  210. LECTIFY IN THE WAS AUTOPSY?  YES  NO CON	ore St.
(YES, NO OR UNKNOWN)  NO  18. CAUSE OF DEATH (Enter only one couse per line for 101, (b., ond 1c.)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (D)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DIABLES MELLITUS,  CONGRESS HEAVY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  CONGRESS HEAVY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  CONGRESS HEAVY  190 BATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY?  210 IN CERTIFYIN  YES  110 ACCIDENT WAS UNDERLYING  2116 TIME OF INJURY  HOUR AM MONTH DAY YEAR  211c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART	Fir
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DIABLES MELLITUS,  CONGRETIVE HEAVE FAILURE  190. BATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYING  210. TIME OF INJURY HOUR AM MONTH DAY YEAR  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18, PART	/2 S. Locust Strstown, Md.
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED  AT WORK NOT WHILE 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET  270.1 certify that (I) (this hospital) attended the deceased from 19 8/, to 19.	WERE FINDINGS USED YING CAUSES OF DEATH?
sow the deceased olive on	

BP\_\_\_\_\_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in Ey the hashauld be detached for use as the buriol-tronsit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

MPORTANT: If Item 21 is morked ar Item 18 shows ony injury, or ather troumatic event, the

medical

DHMH - 16 50M 1/76 (VR A 15 (4)) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

K. Coffman Funeral Home 40 E

23c. NAME OF CEMETERY OR CREMATORY

Antietam

CHUEN 239

22e. ADDRESS

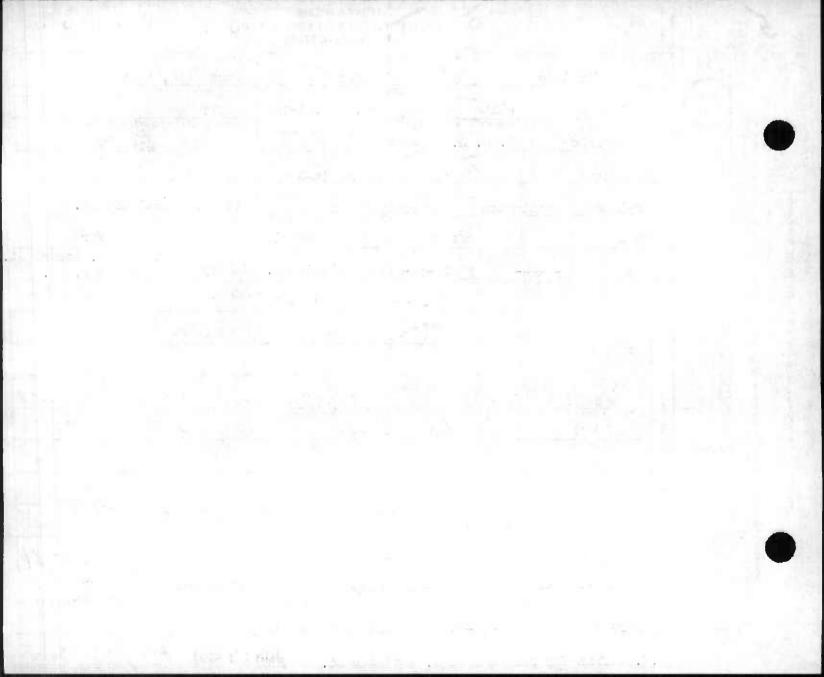
23d. LOCATION CITY OR TOWN COUNTY

STATE

Burial 6-19-81 Rest Haven Cemetery
24. FUNERAL DIRECTOR
ADORESS
ADORESS
ADORESS

SU CHIA

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



page 3

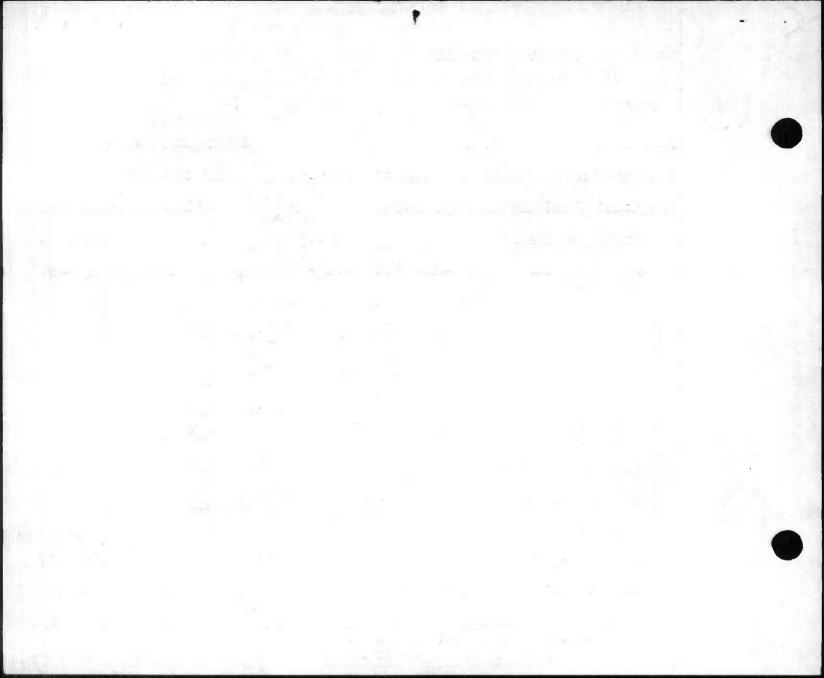
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers: Pages 1 and 2 should be filed within 74 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

	1 -	FOR STATE REGISTRAR		CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	1 6	8 6	4
		CEASED NAME HOLLS		NE	AR SR.	20 DATE OF DEATH	6 2	81 9.	104 PM
	3. SEX	male	Caucasian	5. DATE O	23 VEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	DAYS HOURS	Ell Saving
59	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  Chigan	U.S.A.	WIDOWE		Washingto			MD.
79	На	agerstown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Washington Col	unty		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Air CI	WORKING LIFE) IN	KIND OF BUSII Dustry	NESS OR
35	130. S Ma	aryland Wash	nother institution, Give residence before NTY 13c. CITY OR TOWN Hagers	N 1	YES NO X	13e. STREET ADDRESS	6 Lake	side D	rive
2/0			MIDDLE LAST lear		Etta	MIDDLE		Page	
1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI			Amathy A. I		same a	S 13a-	
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) HRTERIOS  DUE TO, OR AS A CONSEQUE  (c1  CONDITIONS CONTRIBUTING TO D	NCE OF		)VASCULAR		Yrs,	
29	WEDICAL CERTIFICATION	190. DATE OF OPERATION  5 26 8  210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  210. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA	CEV Y YEAR 19	21c. HOW INJURY OCCURR	YES NO NO NO TO THE PROPERTY OF TO		CAUSES OF DE	ATH?
	W	saw the deceased alive on	ital) attended the deceosed from  19 2  1) view the body after death.	5) 31an	d that in my) (our) opinion of DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	eath occurred an the da	te and haur and t		(we) last
1			S R. Chaney	IAME OF CI	363 S. Cle	23d LOCATION			
		Burial UNERAL DIRECTOR Rest	6-4-81   Re   Haven Funeral   na. Ave. Hage:	Chaj		ry Hagerst	Sb. REGISTRAR'S	Sh. Ma	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



#### STATE OF MARYLAND

DEBARTMENT OF HEALTH AND MENTAL HYCHME

1	6	8	6	5

1.	- STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO.	; 0 0	
	CEASED NAME FIRST		M BICH	0	AST	20 DATE OF DEATH MONTH	28 81	26. HOUR P
3 SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
1	male	white		Sept	17,1902	78 <sub>Y</sub>	RS. MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania		WHAT COUNTRY?	8. MARRIE WIDOWE	D 🖾 NEVER MARRIED 🗆	BALTIMORE CITY OR COL Washin	INTY OF DEATH	MD.
Н	agerstown	Washin	gton Cou	nty F	POSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  machinist	NG LIFE) INDUSTRY	sborn Corp
13a	al RESIDENCE (IF NURSING HOME OF STATE Wash		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Hagers	N .	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 2225 Row.	land Road	d
14. F.	ATHER'S NAME Elmer Ott	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME LEMMA	Embich MIDDLE	LAS	ST
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECU 220-09-90		J. Richard	Ott, Hagersto	wn, Md.	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS CO	noma	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION  10019 10019 200. 1200	F YES, WERE FIND III ERT IFY ING CAUSES YES	NGS USED
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE	P. PLACE	M. MONTH DA	AY YEAR 19	21f. LOCATION STREET	CITY OR TOWN	W 18 PART   OR PART 2)	STATE
	270. I certify that (I) (this has sow the deceased alive a obove, (I) (see) (did) (did not see that the see t	6	128 19_		nd that in (my) (per) opinion of DEGREE	deoth occurred on the date and		

TO FUNERAL DIRECTOR: should be detached MPORTANT:

DHMH-16 30M 2/80 (VRA 15, 4)

23b. DATE

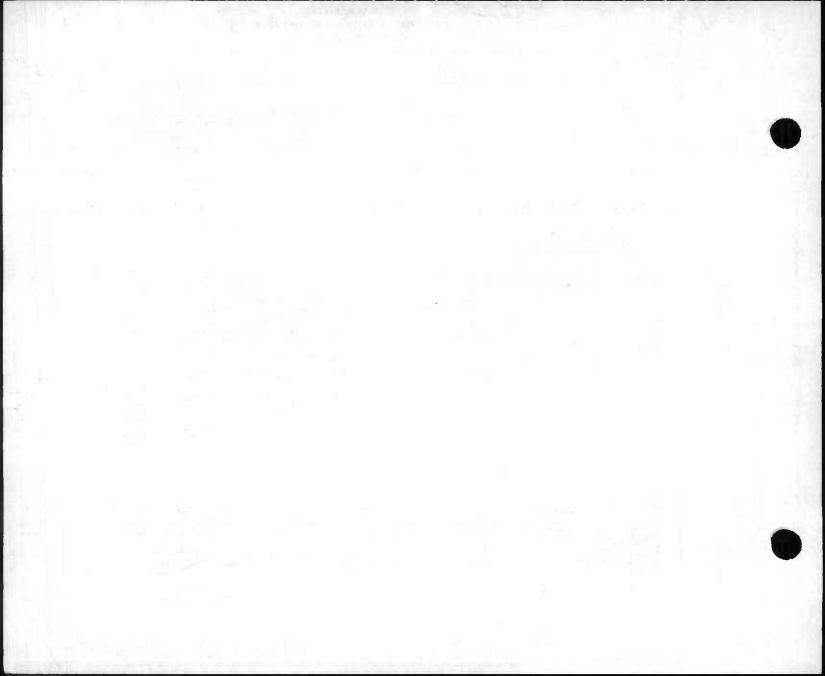
23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

22e. ADDRESS

23d LOCATION
CITY OR TOWN
Hagerstown, Wash., Maryland

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

burial July 74 FUNERAL DIRECTORMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Wilson Blvd., Hagerstown, Md. 21740



should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 to with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shows ony

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	8	6	ó

- S1	TATE EGISTRAR		CERT	IFICATE OF DEATH	REG. NO.	
1. DECEA	SED NAME BE	LLE Mar	iem. OTZ	ZELBERGER	JUNE 6: 1981	DAY YEAR 2b. HOUR
3. SEX	EMA4E	4 RACE WHIT	MOI	EOF BIRTH  NTH DAY 1924	6. AGE (IN YEARS LAST BIRTHDAY)  57  YRS	IF UNDER 1 YEAR IF UNDER 14 HRS
7a. BIRTH	PLACE (STATE OR FORE)	JE CITIZEN OF	WHAT COUNTRY? 8. MARK	RIED DEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH  MD.
HA	SERSTOWN	WES,	HOSPITAL, NURSING HOMI CHEACILITY, GIVE STREET ADDRESS!	CENTER	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  Health Aid	12b. KIND OF BUSINESS OR INDUSTRY  Medical
MA	EYLAND 136	HOME OR OTHER INSTITUTION	1. GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN HAGERATOW	13d. INSIDE CITY LIMITS?		<b>.</b>
14 FATH	E S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	George	Downing	Hill	Blanche	Kathryn	Richards
	DECEASED EVER IN (	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO			
	no		234-36-6237	Douglas W.C	otzelberger item	1 13 above
18	PART I. DEATH WAS	inter only one couse pe CAUSED BY: MEDIATE CAUSE (o)	Fine for (a), (b), and (c).)	FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TERMINAL
g u PA	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
CERTIFICATION	. DATE OF OPERATION	N 196 COND	DITION FOR WHICH OPERAT	ION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \Boxed{1}\) NO \( \Boxed{1}\)
0.00	B. ACCIDENT WAS UNDERLY R CONTRIBUTING CAUS IF EITHER, NOTIFY MEDICALE	E OF DEATH HOUR A		AR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2}
WEDI 21	I. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY IREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22		s hospital) attended to		, , ,	death occurred on the date and ha	, 19, that (I) (we) lost our and from the causes stated
	SIGNATURE POLICE PAYSICIAN'S NAME	DCILLAVCILL (TYPE OR PRINT)	u 9	DEGREE  ATTENDING PHYSICIAN [ 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 6/6/8/
	FEU. F	ORCIUNC.	ula	1500 PEN	NSYLVANIA AU	5, HAGERYOU
23a. BUR (SPEC	IAL, CREMATION, REA		23c NAME OF 10.1981 Mt.Vi	ew Cemetery	3d. LOCATION CITY OF TOWN SharpsburgWas	hingtonMaryland

BP.

OR ATTENDING PHYSICIAN: The law

etoined by the hospital ar attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

Major M.Osborne

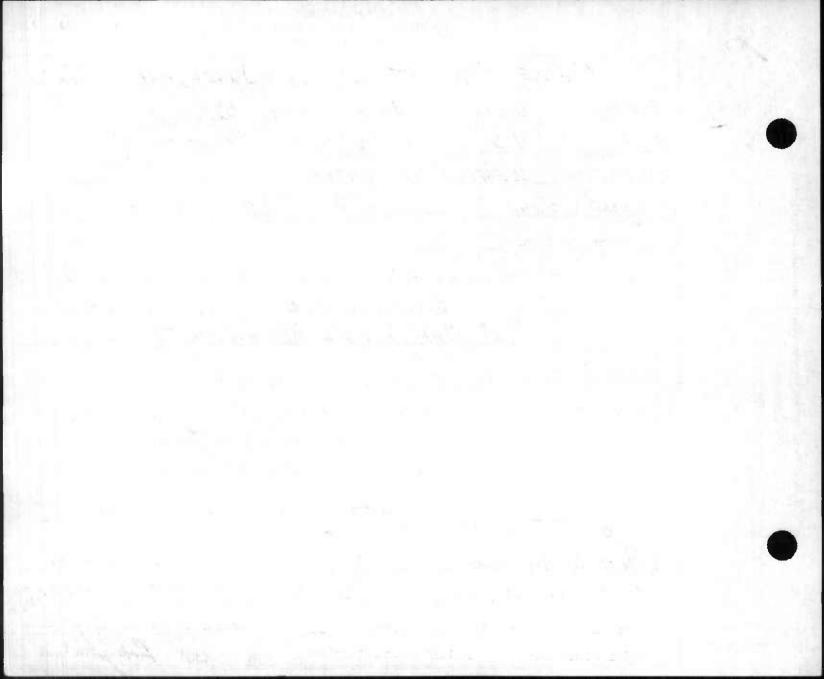
Burial
24 FUNERAL DIRECTOR

Williamsport, Maryland

Hune 10,1981 Mt. View Cemetery

198

25a. DATE REC'D.



	3	1-	FOR STATE REGISTRAR		MED	EPARTMENT OF	HEALTH .			APL I	EG. NO.	8 6	1
	28.55.8.E.		CEASED NAME E OR PRINT)  Li	rirst Lsa		nne		TERSON	1	26. DATE KNOV OF EST DEATH MAT		26 1981	10:5
	PT PLEASE DISECTOR. UR FILES. THOURS OF STREET,	3. SEX	male whit		Dec. 10,1	YEAR 6. AGE (IN Y. LAST BIRTHE			NDER 24 HRS. JRS MIN.	2c. DATE PRONOUNCED DEAD	JUNE	26 1981	24. HOUR 11:4
)		FO	RTHPLACE (STATE OR REIGN COUNTRY)	7	U.S.A.	T COUNTRY?	8. MARRIEI WIDOWE	D NEVER /	MARRIED VORCED	9. BALTIMORE ( Wash	nington	TY OF DEATH	MD.
	PAGE PAGE	W:	TY OR TOWN OF DEAT		S. Con	TAL, NURSING HOM LITY, GIVE STREET ADDRESS) OCOCHEAG	ue St	reet		UAL OCCUPATIO MOST OF WORKING LI	N (TYPE OF WORK	12b. KIND OF BU OR INDUSTI	SINESS
21201	AND SETAIN	13a. S	L RESIDENCE (IF IN NURS TATE aryland	ING HOME OR O 36. COUNTY Washi	ngton	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Hagerstov	1	3d. INSIDE CITY LIA		Coffmar	a Avenue		
	S 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14. FA	THER'S NAME FIRST William		MIDDLE R.	Pattersor		5. MOTHER'S / FIRST Nan	MAIDEN NAMI			Bagent	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 A DIVISION ON	16a. V (Y	VAS DECEASED EVER IN ES, NO, OR UNKNOWN)	U.S. ARME IF YES, GIVE WA	ED FORCES? AR OR DATES)	16b. SOCIAL SECURI	TY NO.	Mrs. N		awford,	Martins	burg, W.	.Va.
	ECUTED WITHIN 24 HOURS "IN PENCIL IN ITEM 18. G AL EXAMINER ALONG WI BURIALTRANSIT PERMIT PA NND MENTAL HYGIENE, DIV ON, OR REMOVAL.	>	PART I DEATH WA	S CAUSED ( MMEDIATE  y, which  mmediate	CAUSE (a) EOT OF ASSESSED (b)		OF	E/FIXE	D OBJEC	T COLLIS	100	APPROXIMATE BETWEEN ONSE	AND DEATH
ORDS, 30	E EXECU DING" IN EDICAL E S A BURI TH AND ATION, O	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a).										
ITAL REC	CHIEF W USED A	MEDICAL CERTIFICATION	190. DATE OF OPERAT	ION	19b. CONDITIO	ON FOR WHICH OPE	ration wa	S PERFORMED	?			20. AUTOPSY:	NO X
ONOFV	RTIFICATE SHING THE WORE CHORD BE LESHOULD	CAL CER	210. EXTERNAL CAUSE UNDERLYING OIL CONTRIBUTING CAUSE	R	TO: 55%	MONTH DAY YEA				NATURE OF INJURY IN			
DIVISI	E, WRITING RWARDED T RWARDED T PAGE 3 SH STATE DEPA STATE DEPA	MEDI	21d. INJURY OCCURRE WHILE NOT W AT WORK AT WO	HILE X	21e. PLACE OF STREET, FACTOR STREE	RY, FARM, ETC.)	S. C	EET	HEAGUE	ST., WILL	. I AMS POR	T, WASH.,	STATE MD.
<b>D</b>	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. VECUTE THE CERTIFICATE. VECUTE DE FORW TO FUNKAL DIRECTOR: PARTER DEATH, WITH THE STABALIMORE, MARTEMD, 2)2		220. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner ,  ACTUAL SIGNATURE CLUB (W. D. L. W. M.D. DEPUTY MEDICAL EXAMINER SIGNED JUNE 29, 1981						,1981				
	TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMORE	23a.BI	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, RE/	EDWAF		770, 111,M	^	DDRESSH	AGERSTO	WN, MARY			ATE

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TOTAL CONTRACTOR OF STOLES CONTRACTOR OF STOLES AND STO

TELETI PATE DOMESTICAL TO A DESCRIPTION OF THE STREET OF T

tout, and a

STATE OF MARYLAND

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1 - STATE REGISTRAR	DEPAR	CERTIF	ICATE OF DEATH	REG. N	0	0 0	
1. DECEASED NAME FIRST	MIDDLE	U	AST	20. DATE OF DEATH		DAY YEAR 2b.	HOUR
Dori	s Marie	Plu	mmer	Jur	ne 11.	1981	M
3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIE			INDER 24 HRS
Female	White	Dec.	70 7077	67	YRS.	NONTHS DATS HO	URS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	□ NEVER MARRIED □	9. BALTIMORE CITY		OF DEATH	
Maryland	U.S.A.	WIDOWE		Washingt	on Co	ounty	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		ROTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND OF BU	ISINESS OR
Hagerstown	Washington (	County	Hospital	(TIPE OF WORK TOK MOST	N WORKERO ENE	, INDOSTRI	
USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	shington Hager		YES NO	THE STREET ADDRESS	7E. 1	Washing	ton St
14. FATHER'S NAME	MIDDLE LAST	-	15. MOTHER'S MAIDEN NAM			LACT	
John	F. Matth	news	Carrie	R.		Seipelr	nyer
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEG	CURITY NO.	17. INFORMANT	ADDR			
No -	721-12-	-7403	Hazel V.	Waggoner	121	Clearv	iew RI
18 CAUSE OF DEATH (Enter	18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:						
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Septre Shock						
5860	DUE TO, OR AS A CONSEO	UENCE OF	111.6	101.1		3	eks
Conditions, if ony, which	( b) Keral	Faile	we + Uneter	al calculi		Jue	45
gove rise to immediate cause (a), stating the	couse (o), stating the 1 DUE TO, OR AS A CONSEQUENCE OF						
underlying couse lost.	underlying couse lost. (c)						
PART 2. OTHER SIGNIFICANT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
	art Failure - Coro			Pulmonary !			
190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDINGS YING CAUSES OF I	
a Ta				YES NO	YES		0 🗆
		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18. PA	ART 3 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19			2.24	Acres Arri	
OR CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK NOT WHILE					1.23		
	pital) attended the deceased from		. 19	, to			(I) (we) lost
	on19. not) view the body ofter death.		d that in (my) (our) opinion o	deoth occurred on the d	ote and hour		
22b. SIGNATURE	RIMA	0	DEGREE ATTENDING	MEDICAL STA		22c. DATE SIGN	VED
	e(, /·())	100 A	PHYSICIAN _		IAN		
			22e. ADDRESS				
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		III. ADDRESS		- 1	,	.01
22d. PHYSICIAN'S NAME (TYPE	Lesh Mr		41 Divi	sion Ane	Has	gerstow	in My
230. BURIAL, CREMATION, REMOVA	Lesh Mr	NAME OF CE	411 Divi	SION DUE	Has	gerstow	MIN MY
230. BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL	Lesh Mr 123b. DATE 23b. 6-15-81	Rest H	METERY OR CREMATORY  Taven Cemete	sion Aue 138 LOCATION ery Hager	Hac stown	Wash.	MD MD
230. BURIAL, CREMATION, REMOVA (SPECIFY)  Burial  24. FUNERAL DIRECTOR Rest	Lesh Mr 123b. DATE 23b. 6-15-81	Rest H	emetery or crematory Haven Cemeter Del. Inda	Sion Que	Hau stown	Wash.	MD MD

DHMH-16 30M 2/80 (VRA 15, 4)

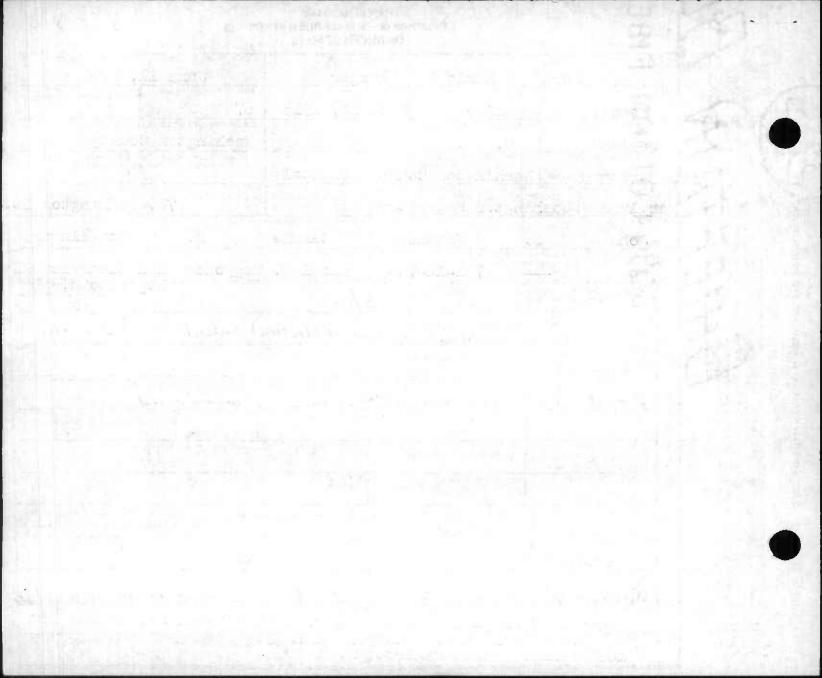
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O HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove corban pages 1.

should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony

injury, or other troumotic event, th



FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

6	8	6	9

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
DECEASED NAME FIRST Helen	Elizabeth	POTTORFF		AY YEAR 26 HOUR			
female	4 RACE white	5. DATE OF BIRTH Oct. 27, 1923		IF UNDER 1 YEAR 1F UNDER 24 HRS ONTHS DAYS HOURS MIN.			
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY O	OF DEATH MD.			
Hagerstown	Washington Co	ounty Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) bar maid	12b. KIND OF BUSINESS OR INDUSTRY			
	prother institution Give residence before INTY  nington Hagerst		13e STREET ADDRESS 1106 Outer Driv	re			
Robert Dense		15. MOTHER'S MAIDEN NA Louise	Cash	LAST			
160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?  IVE WAR OR DATES)  16b. SOCIAL SECU  214-16-1		rff, Hagerstown,				
PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF						
190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING [	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE TO ALL EXAMINE TO	ATH HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI CITY OR TOWN	COUNTY STATE			
27h. SIGNATURE  27h. SIGNATURE	or many other death.	DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS		22c. DATE SIGNED			
230 BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE 23c	, M.D. 1825 Howel  NAME OF CEMETERY OR CREMATORY  edar Lawn Mem.Pa	23d LOCATION	MD. 21740			
24 FUNERAL DIRECTOR MINN		HOME 25 DAT	TE REC'D. BY REGISTRAR 256 REGISTR	Att of and and a second and a			

DHMH-16 50M 1/81 (VRA 15, 4)

ampletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

injury, or ather traumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The low

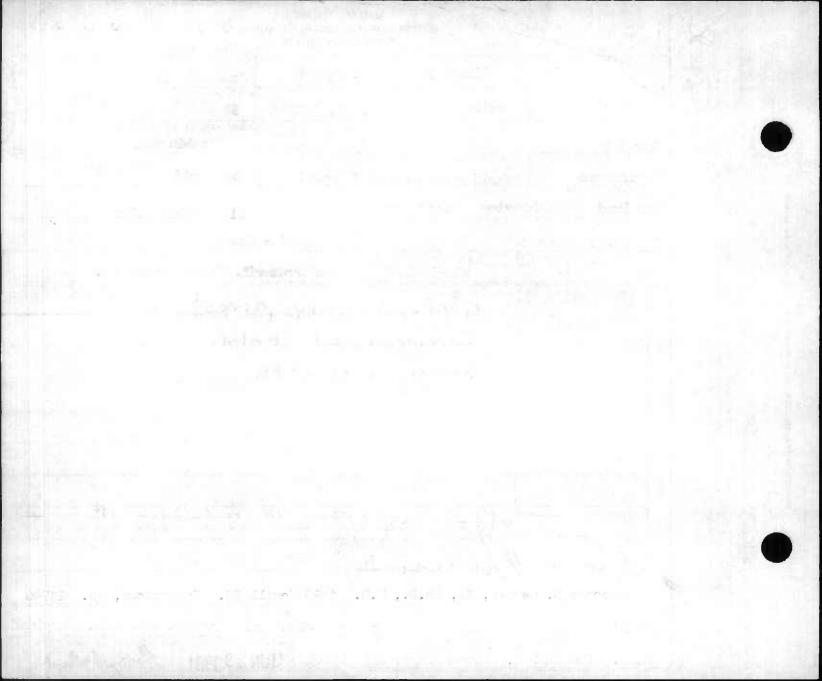
TO HOSPITAL OR

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etoined by the hospital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows ony

eath. Page 4 may be



# though be described in we as the certificate has been signed by the attending physician and completely filled in by the funeral switch be described by the funeral switch beginn the signed by the State Dept. Of Health and Mental Hygiene prior to burial, cremation, or remayal. WORTANT If I have 21 is marked or term 18 shows one injury, so other traumatic events the marked or term 18 shows one injury, so other traumatic events the marked or term 18 shows one injury, so other traumatic events the marked or term 18 shows one injury, so other traumatic events the marked or term 18 shows one injury. hat the death certificate be executed within 24 haur-ATTENDING PHYSICIAN, The ned by the bospital or attending physician

TO HOSPITAL

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DHMH-16 30M 2/80 (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

G	IENE 8		0	8	1 0
	REG. N	10.			
	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	June 13.	1981			
7	1 105		45		AT A STATE OF THE STATE OF

FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	, 0			
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR	2b. HOUR			
(TYPE OR PRINT)	Florence	Powell	June 13. 1981	M			
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEA				
Female	White	Sept. 5, 1922	58 YRS.	S HOURS MIN.			
74 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	1777-2012			
Maryland	U.S.A.	WIDOWED DIVORCED	Washington County	MD.			
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND	OF BUSINESS OR			
Hagerstown	Washington Co		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR Housewife	Y			
13a. STATE 13b. COL	or other institution, give residence before INTY 13c. CITY OR TOW Hagers'	/N 13d. INSIDE CITY LIMITS?	3 Fairgreen Circle				
14 FATHER'S NAME FIRST Perley L.	Russell LAST	15. MOTHER'S MAIDEN NA Pauline	Anderson Clegg	LAST			
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		3 Fairgreen Circl	le			
(YES, NO OR UNKNOWN) (IF YES, G	214-20-0	943 Albert T. Po	owell Hagerstown, Md.				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PATT OTHER SENIFICANT IN ACCOUNT WAS UNDERLYING.	DUE TO, ORAS A CONSTITUTION TO THE CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM  PERATION WAS PERFORMED	WALDISEASE OR CONDITION GIVEN BY THE				
	Charles and the control of the contr	AY YEAR JIL HOW INJURY OCCUR	RED. (ENTER HATURE OF PHART IN ITEM 14, FART I CREART )				
5 IF EITHER, HOTHY MEDICAL EXAMIN	cei P.M.	19					
ZIM INJURY OCCURRED	FIR. PLACE OF INJURY (ATHOME STREET FACTORS OFFICE)	THE LOCATION STATES	cire on top courte	STATE			
	To I certify that (I) this harpital) attended the deceased from 19 to 19 to 19 that (I) (we) last saw, the accepted alive an increase (ii) we (did) teld and view the bod/biffir death.						
Richard	T. Bisto	rd 122 ADDRESS	Steny m	1.			
Burial  Burial	2 -2 -4	est Haven Cemetery	Hagerstown Washingt	on. Md.			
A.K. Coffman Fur	neral Home, Inc., H	25a DA1	FREC D. BY REGISTRAR 238 REGISTRAR SSECTO				

the course of the first the course of the co tell and confidence of the process and the same of the second of the sec And the control of th TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carban papers: Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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injury, or ather troumatic event, the

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STATE OF MARYLAND	114	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	
CERTIFICATE OF DEATH		

STATE OF MARYLAND	14	3	1	6	3-1	7	1
RTMENT OF HEALTH AND MENTAL HYGIENE	O			0	V	-	
CERTIFICATE OF DEATH							

FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	0071
DECEASED NAME FIRST (TYPE OR PRINT) Gertr		Mae REEDE	LAST CR	June 22, 1981	DAY YEAR 2b HOUR 6:30
Female	4 RACE White		OF BIRTH 1907	6. AGE (IN YEARS LAST BIRTHDAY) 73	IF UNDER 1 YEAR IF UNDER 24 HRS.
d. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Themastown, Pa.	76 CITIZEN OF	MARRI WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN' Waskington	TY OF DEATH
O. CITY OR TOWN OF DEATH Hagerstown	11. NAME OF H	HOSPITAL, NURSING HOME HEACHITY GIVE STREET ADDRESS) LINGTON COUNTY	OR OTHER INSTITUTION Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY Home
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 135 COU Was		GIVE RESIDENCE BEFORE ADMISSION  13. CITY OR TOWN  ROPERSVILLE		13e SIREEI ADDRESS BOX	360
FATHER'S NAME FIRST John	WIDDLE	Stull	15 MOTHER'S MAIDEN NA	da	Stull
60 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO. 213-62-2355	Mr. Harry R	REGEST Rehrers	Box 350 ville, Md. 21779
18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OF	Carsio - Vasu	elan Fylon	- I Jone	5-10 - nut
PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING			ellita	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DI  OR CONTRIBUTING CAUSE OF DI  OR CONTRIBUTING CAUSE OF DI  OR CONTRIBUTING  OR CONTRI	21e. PLACE (	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18	
22a.l certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did in 22b. SIGNATURE	or) view the body	after death.	DEGREE  ATTENDING PHYSICIAN [	death occurred on the date and ha	6-23-81
Burial, Cremation, Remova	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	e, Wash. Co. STATEM

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR John H. Bast, Jr.

Beensbere, Maryland 21713

250. DATE PEC'D. BY REGISTRAR 256 RESTERR'S SIDUATIVE

dependent of the second design the following the second se Or take ... in the confidence of magnification broken 25.25 see 1 .536 see 1 .536 27 - 28-2355 | Dr. Subry Hacker, McZychevillor Dr. 31

1	FOR STATE REGISTRAR	DEPARTM	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	6 8	7 2
1. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
1	Lyndell	Marie Rinke	er		June 16, 1981	1	1:450
3. SE		RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2 HRS
	Female	White	0 C	t. 10, 1929	51 YRS.	MONTHS DAYS	HOURS MIN.
	COUNTRY	CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED	Mashington	Y OF DEATH	MI
	Hagerstown	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Washington Co	DORESS)	ospital	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	LIFE) INDUSTRY	OF BUSINESS OR
13a.	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY A CO	HER INSTITUTION GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  ngtonHagersto	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS	Circle	
RC RC		Cromer, Sr.		15. MOTHER'S MAIDEN NAME FIRST V	<sup>ME</sup> irginia Pagu	ue LAS	ST
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)		Austin G.	ADDRESS Rinker, Sr.	see # :	13
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)  IMMEDIATE (Immediate of the couse (o), stating the	BY: 12725/8 44	NCE OF	ovar of	Juys	APPROX.	MATE PICTOR AS DESTRE
ATION	PART DINER SONE ON TO	L pr	EATH BUT	MO 12 MOOF REAL PROPERTY.	INAL DISEASE OR CONDITION GE	VEN IN PART 10	
CERTIFICATION			UT ERMINO		YES NOTE IN CERT	FYING CAUSES ES	
DICAL CE	THE STREET WAS UNDERSTOND	THE OF INJURY HOUR A.M. MONTH DA	Y YEAR	21t. HOW INJURY OCCURS	RED   FANTER HAZILIRE DE PALILIEN PA ITAN I R	FART ( DR PART 2)	
0	THE INJURY OCCURRED	ZIx. PLACE OF INJURY	ricky /	211 LOCATION	5277-1417-15	- novinessy	1000

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and that in (my) (our) opinion seath occurred on the date and how and from the causes stated

DEGREE

MEDICAL STAFF 22c. DATE SIGNED

8 BURIAL, CRI

23c NAME OF CEMETERY Cemeter Rose

23d. LOCATION
CITY OR TOWN
Hagerstown

Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

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etained by the haspital ar ottending physicion.

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by the attending physician

injury, or other traumatic event, the

marked or Item 18 shaws any

IMPORTANT: If Item 21 is

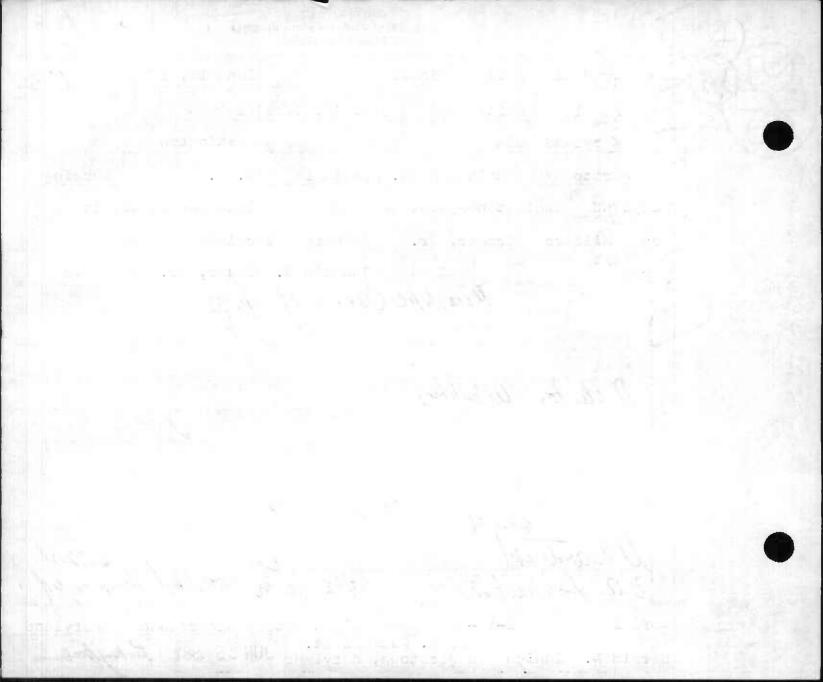
24 FUNERAL DIRECTOR Gerald N.

Minnich

6-19-81

Potomac Hagerstown, Maryland

TD. BY REGISTRAR 256. REGISTAR'S SIGNATURE 25 1981



K	(F)	1-	FOR 6	G 556 6/2		DEPARTMENT		AND MEN			REG. NO.	6	8 7	3
	ES. ET.	1. DEC	EASED NAME OF PRINTED	iam FIRST	Paul		ohman	LAST		OF	KNOWN ESTI- MATED		10 19 81	2:68°
10	ANT, PLEASE LOIRECTOR. YOUR FILES. 172 HOURS TON STREET,		ale	White	June 21	1934	PRINDAY) MONTE		DURS MIN.	PRONOUN DEAD	June	10	19 <b>81</b>	2:08 A M
	2000	N	RTHPLACE (ST REIGN COUNTRY) EW JE	RSEY	76. CITIZEN OF W	SPITAL, NURSING	WIDOW	ED C	MARRIED	u	PATION (TYPE	1267	TON	MD.
2	3 TO THE	1	MAGE	(IF IN NURSING HOME OF	WASHI	NGTON	COUNTY		FOR	R MOST OF WOR		- 19	OR INDUST	RY
. 21201	SE S	13a. S1		WAS	Υ,	13c. CITY OR TO			IMITS? 13e. STE		ss Downs	VICE.	E PIK	KE
TIMORE, MD	FORM PW FORM PW FOR ON OF VIT	16a. W	PAUL	DEVER IN U.S. ARM	VAR OR DATES)	ROHMA 166. SOCIAL SEC 068-2		THE	ERESI	EMAL	ADDRESS	1 Dou	DEFME DASUICE	ANN
ST., BAL	M 18. GIV NG WITH RMIT. PAG NE, DIVISI		18. CAUSE O	F DEATH (Enter only				infar		1.11.	NAC	ERSI	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
301 W. PRESTON	IN PENCIL IN 156 EXAMINER ALOI IRIAL-TRANSIT PER D MENTAL HYGIEI , OR REMOVAL.		gave ris	ns, if any, which se to immediate stating the under-	(b)	AS A CONSEQUE	NCE OF							
ECORDS,	"PENDING" IN "PENDING" IN SED AS A BUR SHEATTH AND CREMATION, C	NOIL		GNIFICANT CONDITIONS C										
VITALR	E8500	CERTIFICATION	190. DATE OF	L CAUSE WAS	216. TIME O	TION FOR WHICH			D?				20. AUTOPSY YES	NO XX
ISION OF	SHOUL SHOUL	MEDICAL CE	UNDERLYING CONTRIBUTION	OR OR OF DECCURRED	HOUR A.M EATH P.M 21e. PLACE	A. MONTH DAY  A. TOTAL THE TAX	YEAR 19 DME, 21f. LOC	ATION	CURRED (ENTER	NATURE OF INJ	OKY IN HEM 18 PA	ART T OR PART	2)	
VIG	E, WR RWAR PAGE STATE	M		NOT WHILE AT WORK		TORY, FARM, ETC.)		REET	spection ,	Inquiry		COUN		STATE
	E CERTIFICAT DUID BE FO H, WITH THE MARYLAND,		death resulte		al causes X,	Accident ,	Suicide .	Hamicide	Unde	inquiry etermined ma		in my apin	ian	
2 4000	LE THE SHOWE, ORE,	er anne de	ACTUAL SIGNATURE_ EXAMINER'S	Harolds	emes	J mi		deput	IBN 6-4	DICAL EXAM	INER	DATE SIGNED.	June	11,198
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	15		NAM Harold		231. NAME C	M.D.  OF CEMETERY OF  OF CEMETERY OF		23d. Le	intom OCATION YOR TOWN		COUNTY	5'	TATE - V
	DHMH - 17 VR A15 ME (5)) 15M 7/77	24. FU	NERAL DIREC		ADDRESS	415	E, WIK ERSTOW	SON 1352	DATE REC'D. B	Y REGISTRA	1981 1981	TRAR'S SIG	NATUR	Rocky

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				ues.		

3	1	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO	163
4 M.E		CEASED NAME FIRST E OR PRINT)	MIDDL		LAST		MONTH DAY YEAR
ge ge		William William	Н	enry Roth	fuchs	June 18	1981
1 4	3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS
- V mvm	3 6	Male	White	June	25, 1894 YEAR	86	YRS.
A IMI.	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH
1 15 8	5XI M	assachusetts	U.S.A.	WIDOW		Washington	County
201 rs offer a by the fu filed with	20	ity or town of DEATH agerstown	WE NOT IN SUCH FAC	PITAL, NURSING HOME ( CILITY, GIVE STREET ADDRESS) On County Ho		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF BOOKbinde	ON 12b. KIND ( WORKING LIFE) INDUSTRY
AND 212 AND 212 n 24 hau filled in nould be	130.	AL RESIDENCE (IF NURSING HOLEO STATE NA COU aryland Mont	NTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN AMASCUS	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 26405 John	son Drive
MARYL, markii red withii ompletely ond 2 st	ST 14 F.	ather's name First William H	enry Ro	othfuchs	15. MOTHER'S MAIDEN NA Adelaide	ME	(Unknow
IIMORE,	2 160		VE WAR OR DATES)	SOCIAL SECURITY NO. 011-05-8759	17 INFORMANT Evelyn Sulli	van (Daughte	1796
ST., BAL1 rtificate   physicic on popers emavol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one couse per line ED BY: TE CAUSE (o)	for (0), (b), ond (c).) Acute renal	failure		APPROX BETWEEN WKS
deoth ce		4-039 Conditions, if ony, which	DUE TO, OR AS	A CONSEQUENCE OF Nephroscrle:	rosis		yrs
01 W. PR thot the debs remind, cremo or other tr		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS	a consequence of Generalized	arteroscleros	sis	yrs
PRDS, 20 requires an signed Then pl or ta buri		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1
AL RECC	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND! IN CERTIFYING CAUSE! YES []
ISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of this certificate has been signed by the ottending physician and completely filled in by the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be file and Mental Hygiene prior to buriol, cremation, or remayor.	Carrier I	2)a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	(IN ITEM 18 PART I OR PART 2)
PHYS Hendin the bus and Me bus and Me bus and Me ed an I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR FOW	VN COUNTY

on Drive (Unknown) Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Wks rrs yrs ON GIVEN IN PART 1(0 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [ NO TEM 18 PART | OR PART 2) COUNTY STATE <sub>to\_</sub>June 22a. I certify that (I) (this haspital) attacked the deceased from Nov 19 80 1081 81 and that in (my) (ax) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on above, (New) (did) (dNeXot) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF June 19,1981 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 138 E. Antietam St. Hagerstown, Md. 21740 Harold R. Tritch, Jr.M.D. 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION CITY OR TOWN edar Hill Crematory Suitland, P.G. Co., Maryland Cremation
24. FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUN 2 = 198 Riverdale, Maryland Chambers Funeral Home

2b. HOUR

**HOURS** 

12b. KIND OF BUSINESS OR

Bookbinding

3:30

IF UNDER 24 HRS.

MD.



TO HOSPITAL

etained by the hospital

TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept. of Health

IMPORTANT: If Hem 21 is

to come '.e3 .voc.' page 23 Einoraltsman, au. Sammalized avenue of the 

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	y be

and campletely filled in by the funeral director ages 1 and 2 shauld be filed within 72 haurs af

corbanpapers. Pages 1

signed by the attending physician

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, or other traumotic event, the shauld be detoched far use as the buriol-transit permit. Then please remave corbanpape with the Stote Dept. af Health and Mental Hygiene priar ta buriol, cremation, or remaval

executed within 24 haurs ofte

er must be notified of once

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

68/	44
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	1 -	STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	REG. N	Ю.		
1		CEASED NAME OR PRINT)	FIRST YWA		AIDDLE	N	owh	2g. DATE OF DEATH		7 8/	26. HOUR 5 6 M
	3. SEX			4 RACE	ASIAN	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIN	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	- 0	RTHPLACE (STATE OR FOOUNTRY) St Virgini	a	U.S.A.	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY C Washing	gton Co	unty,	MD.
9	H	lagers town		Washir	ngton Cou	nty H	ospital	Retired mi			ch
5	13g S	L RESIDENCE (IF NURSII TATE aryland	13h COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Hagers to	ADMISSION) WN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1732 Edger	wood Hi	111 Ci	rcle
t	14. FA	THER'S NAME PIRST  Ernest		J.	Rowh		15. MOTHER'S MAIDEN NA Odie	WIDDLE		Dona 1	dson
		AS DECEASED EVER I		MED FORCES? E WAR OR DATES)	234-20-7		Mrs. Haywa	ard Y. Rowh			
		Conditions, if ony, gove rise to imm cause (o), stating underlying couse	which dedicate good the lost.	D BY: E CAUSE (0)  DUE TO, OI  (b)  DUE TO, OI  (c)	ACUTE R AS A CONSEQUE R AS A CONSEQUE	NCE OF	LMON ARY			30	IMMATE INTERVAL ONSET AND DEATH  MINICIPAL
	NOIL	Severs	EK	ATHERE &	SCLERO	TIC	NOT RELATED TO THE TERM	DISEASE			
	CERTIFICATION	19a. DATE OF OPERAT	ION	196, COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES ₩ NO□		, WERE FINDI YING CAUSES	
1	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	P.	m, month da m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJE	JRY IN ITEM 18 PA	ART 1 OR PART ?)	
	MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE		EET, FACTORY, OFFICE, F.		21f. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		220. I certify that (I) sow the decease above, (I) (wall (a	d olive on	6.1	Z 19_	8/_,.	nd that in (my) ( opinion	death occurred on the o	lote and hour		
		22b. SIGNATURE	-	ml	un		DEGREE ATTENDING	MEDICAL STA	(FF	22c. DATE	SIGNED

TO FUNERAL DIRECTOR: After this certificate has bee O HOSPITAL OR ATTEN

PHYSICIAN: The law

ATTENDING

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23b. DATE 7-2-81

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY Meadows Cemetery

22e ADDRESS

1708

23d. LOCATION
CITY OR TOWN
Spencer

Roane W.Va.

STATE

JUL D 198 A'S AGNATURE

MONEY

MD

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sarviend .audin.ton bageustown

dage to to n

Turst

Burial

West Virginia U.S.A.

essin ton County of the

Odie

Setired minister Church

1713 Edgewood ill Circle

webington County ,

califica

234-20-7296 ers. May and Y. wood- Marchaton, Md.

Ja2a81 Leadoure Cenetory

Hoane W.Ve. Spanner Cer

Brown fun rail nome, Inc. Martinsour, ....

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inding physician and campletely filled in by the funeral direcarbonpopers. Pages 1 and 2 shauld be filed within 72 hour

may be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

Burial 6-10-81 Rest Haven Cemetery

RAL DIRECTOR Rest Haven Funeral Chapel

1601 Penna. Ave. Hagerstown, MD

1500 Penna. Ave. Hagerstown, MD

YGIENE	8	1	1	6	8	1	É

BY REGISTRAR 256. RES ETBAR'S SIGNATU

'	REGISTRAR				CERTIF	ICATE OF D	EATH		REC	G. NO.				
	CEASED NAME	FIRST		MIDDLE	i	AST		20 DA	TE OF DEAT	H MON	TH [	DAY YEAR	2b. HO	UR
(1116	_	race	L	ouise	Rı	udisil	1		J	Tune	7,	1981		М
3. SE	X		I. RACE		5. DATE C	OF BIRTH	ME A D	6. AGE	IN YEARS LA	ST BIRTHDAY		IF UNDER 1 YEAR	IF UNDE	ER 24 HRS
	Female		Whi	te	Oc-	t. 31,	1919	(	51		YRS.	MOIVING DATS	HOOKS	MIN.
	IRTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	D NEVER N	APPIED	9 BALT	IMORE CI	TY OR CO		OF DEATH		
_	Pennsvlva	nia	U.S.	Α.	WIDOWE		ORCED	Wa	ashir	gto:	n C	ounty		MD.
-	ITY OR TOWN OF DE		1. NAME OF	HOSPITAL, NURSIN	IG HOME C			12a. US	UAL OCCU	PATION		12b. KIND (	OF BUSIN	
Ha	agerstown	1		gton Co		Hospi	tal	(TYPE O	F WORK FOR M	OST OF WOR	RKING LIFE	E) INDUSTRY		
USU	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)						010			
100	vland	Wash	ington	Hagers		13d. INSIDE CI	TY LIMITS?	13e STF	REET ADDRE	221	Mi	11 St	ree	t
$\overline{}$	ATHER'S NAME	man		1126012			MAIDEN NAA	ME	400					
	Ray		NDDLE	Schaff	. Sr	Es	tell		M. MIDD	4.E		Kise	r	
16a. V	VAS DECEASED EVER			16b. SOCIAL SECU	-	17. INFORMAL				DDRESS		111100		
	YES, NO OR UNKNOWN)		WAR OR DATES)	214-34-			ard A	. R	udisi	177	S	ame a	s l	3a-e
						110 W	ar a m	• 10	uu_D				IMATE INT	
	18. CAUSE OF DEAT PART I. DEATH V	VAS CAUSED	one couse per BY:	It Seusca		Lowe =	1	1	int	x		BETWEEN 2	CAA-	
	11 00	IMMEDIATE	CAUSE (0)	110000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7			-	Citt	7
	1600	7	DUE TO, O	R AS A CONSEOU	· M	10	+1,	4	7	ta				
	Conditions, if any gave rise to im		(b)_	my w	100	vonce	11/1		wor.		,			
30	couse (a), stati underlying couse		DUE TO, O	R AS A CONSEQUE	ENCE OF									
			(c)											
z	PART 2. OTHER SIG	NIFICANT C	ONDITIONS <u>CO</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DI	SEASE OR C	CONDITIC	ON GIV	EN IN PART 1	01	
CERTIFICATION	190. DATE OF OPERA	TION	Tim conto	ITION FOR WHICH	OBERATIO	NI MAS DEDECT	21450	1 00-	AUTOPSY?	Lank	IE VEC	, WERE FINDI	MOSTIC	50
FIC	10, 23 -	0 7 0		u cem	DALLE	N WAS PERFO	(MED	8 -		IN	CERTIF	YING CAUSES	OF DEA	ATH?
RTI	210. ACCIDENT WAS UN		21b. TIME O		0.000	AVI. HOW IN	LIDY OCCUPA	YES				S 🗌	NO	
	OR CONTRIBUTING		110110 4		AY YEAR	TIL HOW IN.	URY OCCURR	KED (EN	TER NATURE OF	INJURY IN I	TEM IB, P	ART I OR PART 2)		
MEDICAL	(IF EITHER_NOTIFY MED		Ρ.,		19								101	
MED	21d. INJURY OCCUR	HILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATIO STREET	N		CITY	OR TOWN		COUNTY		STATE
	AT WORK	ORK L		3 6 6 6	2	2,-	-			_				
	220.1 certify that (I			e deceased from_	81	- < 3	19 00	, to.	0 -	0 -	,	19		(we) lost
	sow the decease above, (1) (we) (	ed alive on_ did) (did not	4	Y	, 0,	nd that in (my)	our) opinion o	deoth oc	curred on t	he dote o	nd hour			
	226. SIGNATURE	16	1			DEGREE	TTENDING	MEDI	CAL	STAFF		22c. DATE		
	40	1	Jus	ma		P	HYSICIAN					6-	8.	81
	22d. PHYSICIAN'S N	AME (TYPE OR		- 0	0	22e. ADDRESS		. 2/0	- 2	0 0	2	1717		
	70556	# 5	5 - 60	NDAI	9		1900	210	Bo	~0	2	1713		
	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. h	NAME OF C	EMETERY OR C	REMATORY		LOCATION	/N		-COUNTY II		
-	Buria	al	6-10-	-81 Re	est H	aven C	emete	ry	Hage:	rsto	Wn	wash.		OKO .

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban appearing the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

OR ATTENDING PHYSICIAN: The law

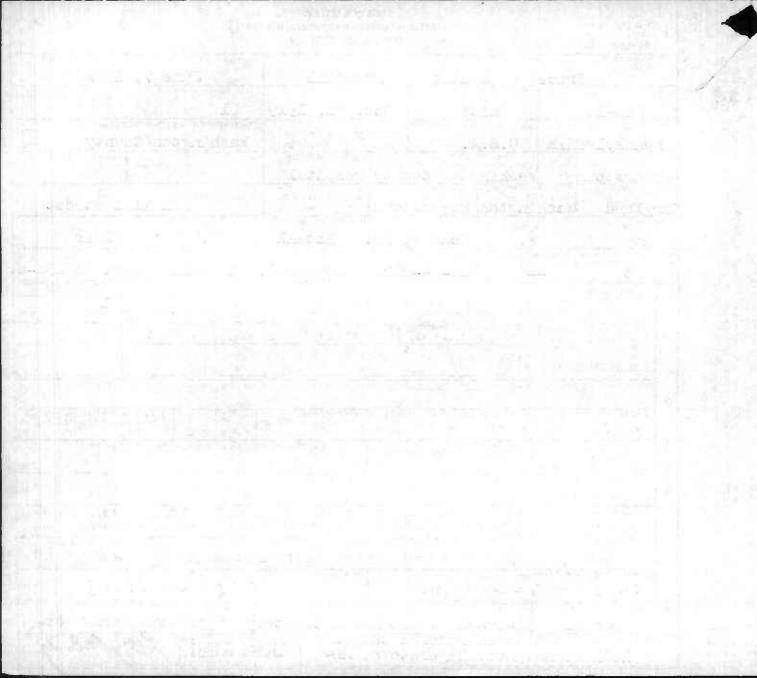
retained by the hospital or

BP.

injury, or ather troumotic

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24. FUNERAL DIRECTOR



completely i

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending pilyvician and a should be detacked for use as the buriol-transit permit. Then please remove carbon papers. Fages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removed.

ATTENDING PHYSICIAN: The low requires that the death certificate

retained by the hospital or attending physician.

TO HOSPITAL OR

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

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FOR

#### STATE OF A DEPARTMENT OF HEALTI

MARYLAND	64	
H AND MENTAL HYGIENE	B	
E OF DEATH		

1	6	8	7	1

	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO										NO.						
		CEASED NAME	FIRST		MIDDLE	- 187	LAST		20. DA	TE OF DEATH		DAY	YEAR	26 HO	UR				
		Ella Gra	ce W	entling	Russel	1	100			June 27	7, 198	7			М				
1	3. SE X	•		4 RACE		5. DATE (		YEAR	6. AGE	(IN YEARS LAST B	BIRTHDAY)	MONTHS	R I YEAR	IF UNDE	R 24 HRS				
-		Female		Whit		Ser	t, 2,	1890		90	YRS								
A	7o. BIF	RTHPLACE (STATE OR FO	DREIGN	b CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVE	MARRIED C		TIMORE CITY			ATH						
1		est Virgin		U.	S. A. HOSPITAL, NURSIN	WIDOWE		ONORCED [		ashingt			KIND O	F DUICIN	MD.				
ij				(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		100,120	(TYPE C	F WORK FOR MOS	T OF WORKING		USTRY	r BUSIN	1E35 OK				
+	USUA	agerstown AL RESIDENCE (IF NURS		OTHER INSTITUTION	gton Coun		spita.			Housewi	.Ie								
B			136 COUN		13c. CITY OR TOWN		13d. INSIDE	CITY LIMITS?		REET ADDRES		D7 A							
4		aryland THER'S NAME	wasn	ington	Hagerst	OWII	200	R'S MAIDEN N		07 Hami	LUOII	BTAG	•						
	36	Charles		E.	Wentling			FIRST Mi <b>r</b> anda		Catheri	NO.		Di ck						
1		AS DECEASED EVER	IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORA		1	ADD	DECC	irgr	J.L Q.1	4,47	27.0				
	(1)	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-36-	2809	Alb	ert T.	Powe:		Hager	-			эте				
		18 CAUSE OF DEATI	H (Enter only	v one couse per			4440	010 10	1 OWC.	b d .	HOT OIL			MATE INTE	RVAL				
		PART I. DEATH W	AS CAUSED	BY: CAUSE (o)	CACHEXT								wook		DUCATIO				
		1519	IMMEDIATE		R AS A CONSEQUE				CHIN.	43.45		199	VVI -E-IS						
		Conditions, if ony,	which	( ib)	CARCINO		F STOM	ACH											
		gove rise to imm	nediote	DUETO	R AS A CONSEQUE				1						401				
		underlying couse	lost.	(5)	K A3 A CONSEGUE	NCE OI						7.30							
	,	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	D TO THE TER	RMINALD	SEASE OR CO	NDITION G	EIVEN IN	PART 10	) [					
	CERTIFICATION							175.700											
	FICA	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERI	ORMED	200	AUTOPSY?	IN CER	ES, WERE	CAUSES	OF DEA	TH?				
1	ERTI	21g. ACCIDENT WAS UND	ERIVING C	21b. TIME O	E INTUIDY		121: HOW	INTURY OCCU	YES	TER NATURE OF IN		YES 🗌		NO [					
2		OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH DA		21tt. HOW	IIVJORT OCCC	JKKED (EN	TER NATURE OF IN	JURY IN ITEM IS	B, PART TOR	PART 2)						
	MEDICAL	(IF EITHER, NOTIFY MEDICA		P. 21e PLACE	M.	19	21f. LOCA	ION		14									
	MEI	WHILE   NOT WH	INE 🗀		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREE	ī		CITY OR T	OWN	COL	INTY	S	STATE				
		22a. I certify that (1)		A ottended th	e decensed from			10	to	JUNE	21	10	71	that (I) I	Likitad				
		sow the degegs	d alive on_	June	26 19	81_,01	nd that in (m	y) (byr)/opinio	on deoth o	ccurred on the	date and h	our and f			toted				
		22h. SIGNATURE	(did not	view the body	ofter deoth.		DEGREE							SIGNED					
	40	Harolak	Into	2 N			27)	ATTENDING	TX MED	ICAL ST	AFF		6/2	9/81					
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)		-	22e. ADDR		[JEDINE)	.10K 11/13	, ICIAIT [		0/2	2/01	100				
П		Harold R.	Trit	tch. Jr.	. M.D.		138E-	Antie	tam S	St., Ha	aerst	own.	MD						
	23a. Bi	URIAL CREMATION		23b. DATE		IAME OF C		CREMATORY		LOCATION CITY OR TOWN	90000	COUNTY	1 17		TATE				
	(3	Burial		7-1-	81 Ro	se Hi	77 Ce	eterv		Harris	Parker m	6.330	nh -	N	4.D.				
	24. FU	INERAL DIRECTOR	3751					258:0	ATE RECID	BY REGISTION	P PIN PEUN	ETHERIO	SIGNAC	IRE	-				
					ADDRESS			2000	136	11	1	20000	ne d	ajest .					

DHMH - 16 50M 7/77 (VR A 15 (4))

AS CONTRACTOR OF STREET CONTRACTOR TALL THE TALL THE TALL THE

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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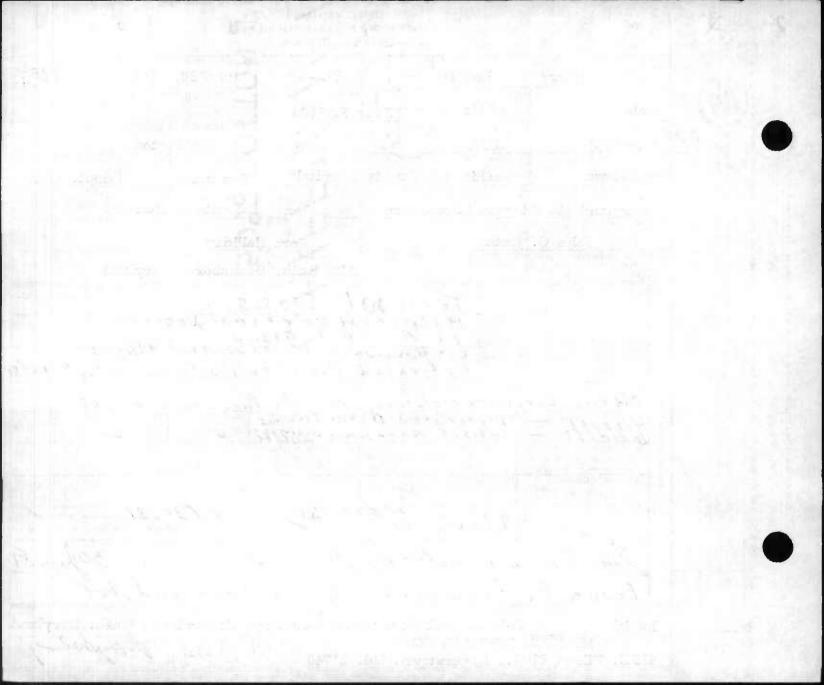
	REGISTRAR		CERT	IFICATE OF DEATH	REG. N	Ю.				
	1. DECEASED NAME FIRST	MIDE	DIE	LAST	2a DATE OF DEATH		YEAR	2b HOUR		
	(TYPE OR PRINT) Harry	LeeR	Roy	RUTH	June 30,	1981		130 AM		
	3. SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS		
	male	white	Jur	ne 3, 1902 YEAR	79	YRS.	ONTHS DAYS	HOURS MIN.		
-	COUNTRY)	76. CITIZEN OF WH	AT COUNTRY? 8	IED  NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY C	OF DEATH			
2	Maryland	USA	WIDOV	VED DIVORCED	Washington MD					
9	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR		
	Hagerstown  OSUAL RESIDENCE (15 NURSING HOME OF		gton County		decorator		dept.	store		
2	13a STATE 13b COUI	NTY 13c	CITY OR TOWN	134 INSIDE CITY LIMITS?	Route 2,	D 0	20			
-	Maryland   Wasl	nington   I	Boonsboro	YES NOX		Box 2	38			
1	FIRST	MIDDLE	LAST	FIRST	WIDDLE		LAST			
2	John C.		b. SOCIAL SECURITY NO.	Nora I	Holliday	F Ĉ Ĉ				
1	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	B. SOCIAL SECURITY NO.	Alta Ruth, E			nd			
1	No			Aita Rutii, I	, , ,	Mai yia				
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line		1/ Conc	10		BETWEEN	MATE INTERVAL DINSET AND DEATH		
		TE CAUSE (o)	Termin	ر راعد ۱۱	13	d) 000 5				
	5621	DUE TO, OR	PA CONSECUENCE OF	val Corl	Ical Ne	CA 02.13	\$			
	Conditions, if any, which gave rise to immediate	(b)	OF ITAY	enal 6/2	nd	1 411				
	couse (a), stating the underlying cause last.	DUE TO, OR AS	S A CONSEQUENCE OF	ie mina mi	15 C	MAINE	Jones	11/		
	underlying cause last.	( (c) P	erforate	d Divertic	0/1/15 219	moid	delon	7/22/81		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT		IT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 10			
	Q DID TIGHT CO	ronary	occlusion	Broncho	meumeni	2 11	SAT			
	Old VIGAT CO	1		GN WE WERE PRICE LICE			WERE FINDIN ING CAUSES			
-	ZIO. ACCIDENT WAS UNDERLYING	1 21h TIME OF IN	of Adhe	21c HOW INJURY OCCUR		YES	9	NO 🗌		
1		HOUR A.M.	MONTH DAY YEA		(ENTER NATURE OF INJU	RY IN ITEM TE PAR	TIORPART 2)			
	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF I	19	211. LOCATION						
	WHILE TO NOT WHILE TO		FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OF TO	WN	COUNTY	STATE		
	WHILE NOT WHILE AT WORK			127 101	1/2	0/101				
	220.1 certify that (I) (this haspi	29 lun	eceased from 7	ond that in (my) (or) opinion	, to	0/8/19		hat (I) (we) last		
	saw the deceased dive on above, (1) (w.) (dd) (did no	at I view the bady after	er death.	4	death accurred on the di	ore and nour a				
	111665	RI	1.1	DEGREE ATTENDING .	MEDICAL STA	FF	22c. DATE S	INED G		
4	72d. PHYSICIAN'S NAME (TYPES	Recus	work!	LILL PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	1	une 81		
	FOR ILLE	PR PRINT)	1. 11	22e ADDRESS	41 ,	,	1-6			
_	1124K C	1 DYUI	mback	363 3	Clevela	nd/	TUT			
	230 BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	TaT	COUNTY	Anna TALL I		
	burial			laven Cemeter						
	24 FUNERAL DIRECTMINNIC		ADDRESS	25a Dh	LEC'D. 6 RIGHTAR	25b REGISTRA	ESSIC MALE	Bready		
	415 E. Wilson Bl	vd., Hag	erstown, M	d. 21740	1001		1.			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

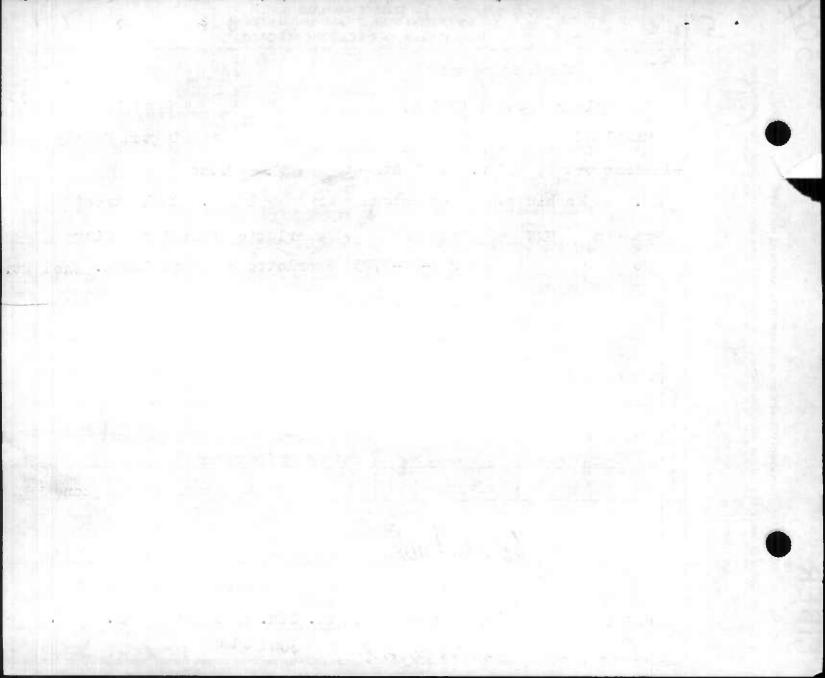
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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or ather troumotic event, the medical



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STATE OF MARYLAND



page 3

completely filled in by the

death. Page

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

II.	0.8	0

- STATE REGISTRAR				CERTII	FICATE OF	DEATH		REG. N	0.				
1. DECEASED NAME (TYPE OR PRINT)	Josepl		James	SCA	LESE,	SR.			6, 1	L981	YEAR	9 77	2
3. SEX male	4	RACE Whit	æ	5. DATE (	OF BIRTH 9, DAY	L920 AR	6 AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER	-	MOURS 2	4 HRS
70 BIRTHPLACE (STAI Pennsylvar 10 CITY OR TOWN OF Hagerstown	nia DEATH 1	U.S.	WHAT COUNTRY?  A.  HOSPITAL, NURSIN  HOSPITAL, NURSIN  HESTNUT	WIDOW IG HOME	OR OTHER INS	NORCED [	120 USUAL	Wash. OCCUPAT	ingto	TY OF DEA		BUSINES	MI S OR
USUAL RESIDENCE (IF 130 STATE Maryland	NURSING HOME OR O 13b COUNT Washi	Υ	GIVE RESIDENCE BEFORE 134 CITY OR TOW Hagersto	N	13d. INSIDE (	NO 🗌	949	ADDRESS Chest	nut S	Street	t		
14 FATHER'S NAME FIRST Tony	J.	IDDLE	Scalese		E		Pearl			Conno	r		
160 WAS DECEASED E (YES, NO OR UNKNOWN YES		ED FORCES? WAR OR DATES)	166. SOCIAL SECU		Mrs.		Scales	e, Had				yland	
Canditians, if gove rise ta couse (a), s underlying c	immediate stating the ause lost.	( <sub>(c)</sub>	R AS A CONSEQUE		NOT RELATED	O TO THE TER	RMINAL DISEA	SE OR CON	DITION G	IVEN IN P.	ART I(o		
19a DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUT	.1.	IN CERT	ES, WERE I	FINDING AUSES O	FDEATH	1?
OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC WHILE AT WORK  22a.1 certify the	CAUSE OF DEATH MEDICAL EXAMINER) CURRED OT WHILE	P. 21e PLACE (AT HOME, STR	M. MONTH DA M. OF INJURY CEET, FACTORY, OFFICE, FA e deceased from	ARM. ETC)	211 LOCATION AND ADDRESS OF THE STREET	ON 1 19 Opinian ATTENDING PHYSICIAN		CITY OR TO	wn	. 19_ aur and fra	NTY th		e) last
23a BURIAL, CREMATION (SPECIFY) buria	ON, REMOVAL	23b. DATE June 9			EMETERY OR ill Cen			ersto	vn, W	ash.	, Mai	ryläî	nd

25a DATE REC'D.

1981

44 FUNERAL HOME
ADDRESS
415 E. Wilson Blvd., Hagerstown, Maryland 21740

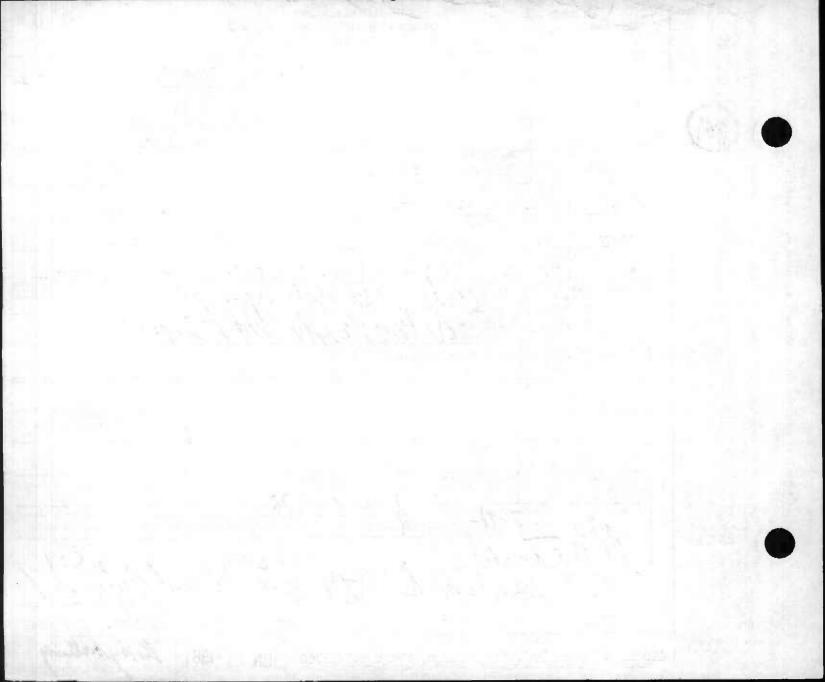
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

shauld be detached for use as the burial-transit permit. Then please remave c with the State Dept. af Heolth and Mental Hygiene priar ta burial, crematian,

MPORTANT: If Item 21 is marked ar Item 18 shaws any



## STATE OF MARYLAND

DEPART	MENT OF HEA	LTH AND MEN	ITAL HYGIENE
			TE OF DEATH

1	FOR STATE REGISTRAR			DEPARTM	ENT OF H	HEALTH		ENTAL	1	ATH '	1 6	3	8	1	
T.	DECEASED NAM	E FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DI						01 01/	20. DATE KNO	EG. NO.	DAY	YEAR	26 HOLER	
	Clyde Irving SCHAEFFER									OF EST			, 81	11:00	
3.	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS.								2c. DATE	MONTH	DAY	YEAR	2d. HOUR		
	male	white	Feb. 26, 1	924	57 YR		DAYS	HOURS	MIN	PRONOUNCED DE AD	JUNE	22	, 81	P <sub>M</sub>	
7.	G. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN OF WI	ED NE	VED AA A D	DIED []	9. BALTIMORE	CITY OR COUN			744				
	Maryland		USA							Wash	ington			MD.	
10	CITY OR TOWN OF DEATH		11. NAME OF HOS				UAL OCCUPATIO	N (TYPE OF WORK		OF BUS	SINESS				
F	<b>Hagerstov</b>	agerstown		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 430 GEORGE STREET					rok	TOTAL OF TOTAL OF CHEE			OK III OG JIK!		
13	SUAL RESIDENCE a. STATE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GI	13c. CITY C		)N)	13d INSIDE C	ITY LIMITS?	lia STE	REET ADDRESS			100		
. 4	Maryland		ington		rstowr	1	YES X	NO [		436 Geo:	rge Str	eet			
14	. FATHER'S NAMI		MIDDLE LAST				15. MOTHER'S MAIDEN NAME					LAST			
	Wesl	ey F. Scl	naeffer				Blanche M. Kessler								
16	(YES, NO, OR UNKNO	D EVER IN U.S. AR/	WAR OR DATES)				17. INFORMANT ADDRESS ger					town,	, Md	l.	
L	Yes		217-16-2117				Thomas L. Schaeffer, 419 S					.Potomac St.			
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Г	IMMEDIATE CAUSE (a) E993 SUICIDE BY HANGING										Мом	MOMENTS			
F	7330  Oue TO, OR AS A CONSEQUENCE OF  Conditions, if any, which														
1	gave rise to immediate (b)														
	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF											4 0			
1	PART 7 DIMER CIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE VIOLENCE OF CONTRIBUTION OF C														
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
1	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION V						VAS PERFORMED?					20. AUTOPSY?			
											YES NO X				
1	1	AL CAUSE WAS	21b. TIME OF INJURY			21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM					ITEM 18 PART 1 OR P		3 []	NOE	
		OR CAUSE OF E	THOUS M. MONTH		21 181 HAN		GED S	ELF 8	Y RO	PE FROM	OVERHEA	ERHEAD PIPE			
	21d. INJURY	OCCURRED	OF INJURY	(AT HOME,	21f. LO	CATION									
	WHILE AT WORK	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ET					GEORGE STREET, HAGERSTOWN,					NASHINGTON, MD.			
	22n Loerti	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my opinion													
ı	death result		al causes .	Accident [		ide X	,	ide .		termined manner		pinion			
1		)	0 0					PECIFY)	Onde	icitimed matrice					
	SIGNATURE,	deva	Sux	Lixe	-111	M.	-	PUTY	MED	OICAL EXAMINER	DATE	JUN	E 23	3,1981	
	EVAMINED'S	NAME EDWA	55 W D.		11 14	D			WEST	WASHING	TON STR				
-	EXAMINER'S NAME EDWARD W. DITTO, III, M.D. ADDRESS HAGERSTOWN, MARYLAND														
23	a.BURIAL, CREMA	TION, REMOVAL 2	3b. DATE		ME OF CEM					OCATION	COL	UNTY	SEC STA	ATE	
				ART C	edar I	Jawn	Mem	Parl	Ha	gerstown	1 Wash	Mar	ylan	id	
	NAME	MITIMIN.	ICH FUNE	LRALI	HOME			17 11 11	199	Y REGISTRAR 251	MEGINIKAR'S	SHEETING	integ		
	TID D. M	HSUII DIV	d., Hage	Stown	ı, Ma.	611	40	JUI	INO	1001			/		

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/77

Table 17. But was 17.

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DIRECTOR:

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MPORTANT: If Hem 21 is

ATTENDING PHYSICIAN: The

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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FOR STATE REGISTRAR		DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 0	9 %
1. DECEASED NAME (TYPE OR PRINT)	LESTE	CR MILLER	SHAFFER	June 11, 1981	DAY YEAR	10:50
3. SEX Male		White	5. DATE OF BIRTH MATCH 3, 1903 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DAYS	
70. BIRTHPLACE ISTATE COUNTRY) Pennsylv		76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED INEVERMARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN Washington Co		м
10. CITY OR TOWN OF Hancock	FDEATH	11. NAME OF HOSPITAL, NURSIN 14 W. Main Stre	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION LLYPE OF WORK FOR MOST OF WORK INC. Physician		of Business of

14 W. Main Street Hancock USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Washington

MIDDLE

Maryland

4. FATHER'S NAME

No

CERTIFICATION

MEDICAL

230

13c CITY OR TOWN 13d. INSIDE CITY LIMITS? NO

15 MOTHER'S MAIDEN NAME

FIRST

13e STREET ADDRESS

14 W. Main Street MIDDLE LAST

Miller

Jacob G. Shaffer Margaretta ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

OCU

220-44-5650

Hancock

LAST

Virginia M. Shaffer

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

	y one couse per line for (0), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
PART I. DEATH WAS CAUSED	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure					
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	8 years				
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF					

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?  YES NOE	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, EYC.	21f. LOCATION STREET	CITY OR TOV	YN . COUNTY	STATE

22a. | certify that (1) ottended the deceased from sow the deceased alive on and that in (my) (each opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did) 276. SIGNATURE DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 72e ADDRESS

ATTENDING

Two Tonoloway

STAFF

Train D. Tilo	mas, III,	111 + 27 +	1 THO TOTIOTO	Judy Hall	JUCK. Mai	y Lanu
BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

Hancock Presbyterian Hancock Washington Md. Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

DHMH-16 60M 1/73 (VR A 15 (4))

10-52-6 Francisco de la companya del companya de la companya del companya de la c Equipment of Money TII, i. J. C. of Suchaway, Francis, Arrend

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page teached by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral distributions should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 have attended with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

1	FOR	DEDART	STATE OF MARYLAND	Q 1	6 8 8 3
	1 - STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDLE	LAST		PAY YEAR 26 HOUR 10
1	(TYPE OR PRINT)  Jane	Naomi	Shoop	June 28	1981 8435 1
3.	. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Female	White	Oct. 13, 1894	86 YRS	
71	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
4	Maryland O CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	Washington Co	
9		(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
1	Hagerstown JSUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ounty Hospital		1
				13e STREET ADDRESS	
	1. FATHER'S NAME	hington Hager	STOWN YES NO 1	1 503 Washir	ngton Square
Ш	FIRST	nknown LAST	Martha	MIDDLE	Miller
16	6a WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT		ADDRESS	<u> </u>
	(YES, NO OR UNKNOWN) (IF YES, C	217-10-	-3151 Roger C.	Shoon se	me as 13a-e.
	18 CAUSE OF DEATH (Enter of	only one coure per line fond). (b), or		0 1	APPROXIMATE INTERVAL PSIWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUS	ATE CAUSE PROPOSO	vosalan Atce	orden!	Edeen
1	4360	DUE TO GRAS A CONSEQU	EMBE OF ALD	-0 . 1	111100
1	Conditions, if any, which gave rise to immediate	Henre	Love Horse	Meures	LUYUV
1	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF		
		(c)			
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? (0b. IF YES	, WERE FINDINGS USED
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			YES NO YES	YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF D	AIN .	19	1.00	
	QIF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
T	WHILE AT WORK AT WORK		12/14 72	2 6 ( ) 2	81
1	220.1 certify that (1) (this has saw the deceased alive a	pital) attended the eccased from		, to G	19, that (1) (ye) last
	obove, (1) (ve) (did) (did i	ot) view the body after death.		death accurred on the date and hour	and from the causes stated
Н	DETTEN POL	-2 Mic. D.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	116 DAYE SIGNED
4	22d PHYSICIAN'S NAME (TYPE	OR PRINT!	PHYSICIAN E	DIRECTOR PHYSICIAN	1-12901
ı	17 DAJAZO E	MARTIN MI	1. 3635.01	wal sud Au	Has my
2	3a. BURIAL, CREMATION, REMOVA	L 236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	INAGINA
	(SPECIFY) Burial		Beaver Creek, Cen	CITY OF TOWN	Wash. M
2		Haven Funera	l Chapel	TE RECOMBY REGISTRARIZED AGISTI	
	1601 Pen	na. Ave. Hagei	rstown, MD	236060	50c 8

DHMH-16 30M 2/80 (VRA 15, 4)

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	1-	FOR STATE		MI		MENT OF H	EALTH	AARYLAND I AND MENTAL H CERTIFICATE O	0 1		6	3 8	4
	1. DE	REGISTRAR CEASED NAM	E FIRST PARTIENE		WIDDLE			LAST		REG. NO.	ONTH D	AY YEAR	14 H29R
ASE OR. OR. OR.	3. SEX		14. RACE	5. DATE OF BIRTH	MMN	S]		hter	DEATH	MAILU	June	12 81	P <sub>M</sub>
RY, PLE	_	emale	Cauc	6 21	1964	16 YRS	MÔNÎ		MIN PRONOU DEAL	NCED	12	19 81	6:25 P M
ECESSA FOR	FO	RTHPLACE (5 REIGN COUNTRY) NNA,	TATE OR	76. CITIZEN OF W			MARRI	ED NEVER MARRI	ED 🗠	ington C		OF DEATH	145
LAY IS NO THE PAGE FILED	ID. CI	TY OR TOWN	1	NAME OF HO	SPITAL, NUR	RSING HOME,	OR OTH	ER INSTITUTION	120 USUAL OCCL	JPATION (TYPE OF	WORK 12b.	OR INDUST	RY
RDS RDS			VIII  (IF IN NURSING NOME O	ROTHER INSTITUTION, O	IVE RESIDENCE	O. HOST BEFORE ADMISSION OR TOWN			13e. STREET ADDR	FSS	[13	ast Fo	οα
SHOUL RECO		Pa.	Fran			ne Twp		YES NO X	5040 G	reenevil	lage	Rd.	
PANA PM		Donald		$E_{ullet}$	Sleig	hter		Margaret	IN NAME	MIDDLE	Lehr	man	
FORA FORA FORA FORA FORA	16a. V	AS DECEASE S, NO, OR UNKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	Donald E.	Sloighto	ADDRESS C	,	_	
OURS AFTER		18 CAUSE C	)F DEATH (Enter anl				100			1 9040 6		APPROXIMATI BETWEEN ONSE	EINTERVAL
24 HC ITEM ITEM ITEM ICONG PERMI		9 10	MMEDIAT	E CAUSE (a) Cr	anioce	rebral SEQUENCE OF	inj	ury N 8	54			24 n	TS
ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL		gave ri	ns, if any, which se to immediate	(b) Fa	11 fro	om movi	ng v	ehicle (mo	torcycle)	E 818			
EX. P		cause (a lying cas	) stating the <u>under-</u> use last.	DUE TO, O	R AS A CON	SEQUENCE OF							
ULD BE EXEC "PENDING"  FF MEDICAL FED AS A BUI HEALTH AND CREMATION,	Z	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO OFAT	BUT NOT RELAT	TED TO THE TERMIN	AL OISEASI	OR CONDITION GIVEN IN PAR	RT 1 (a).				
DULD BE IN PENDIN INFE MEDINGE AS	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR V	WHICH OPERA	TION W	AS PERFORMED?		6010	2	0. AUTOPSY	?
ATE SHORE THE CHILD BE UNENT OF BURIAL	ERTIF		AL CAUSE WAS	21b. TIME C	F INJURY		21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF IT	JURY IN ITEM 18 PART	I OR PART 2)	YES 🗌	NO []
SE09\$5	MEDICAL		NG CAUSE OF D		M. MONTH M. Jun			rown from m	otorcycle	that f	ailed	to ma	ike a
	WED	WHILE AT WORK	NOT WHILE AT WORK	STREET, FAI	TORY FARM FT		5	TREET	hambersb	urg Frank	county	Per	nna .
CATE, WR FORWAR OR: PAGE THE STATE			fy that I taak charg				Autap				my apinio	ın	
EXAMILE BE DIRECT WITH WITH		death result	ed fram: Natur	al causes 🔲,	Accident	Suici	de L	Hamicide L.	Undetermined m		.Tı	une 12	1981
AHONES -		ACTUAL SIGNATURE	Harale	d K.	nto	A.	77) <sub>M</sub>	.D. deputy	MEDICAL EXA	MINER	SIGNED_	A110 12	, 10 41
TO MEDICA EXECUTE THE PAGE 4 SH TO FUNERA AFTER DEAT			NAME Harold					AUDRESS	Antietar	n St. Ha	gerst	own, N	/d.
Bb BA	15	URIAL, CREMA PECIFY) Urial	TION, REMOVAL 2	6/15/81				m. Gdns.	23d LOCATION CITY OR TOWN Greene	Twp. Fra	COUNTY	n Co.	Pa.
DHMH - 17 (VR A15 ME (5))	24. FU	JNERAL DIREC	TOR	ADDRES	s Cha	mbersb	urg	Pa. 250. DATE F	REC'D. BY REGISTR	AR 25b. REGISTR			
15M 7/77	K.	G. Sel	lers F/H	Ing 297	Phila	a. Ave.	172	OT   100	N 1 8 1981		1		7

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH MONTH YEAR 2b. HOUR LAST 1. DECEASED NAME FIRST (TYPE OR PRINT) Josiah 81 (0 Jorm 27 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 3. SEX Aug. 22, 1902 YEAR White Male 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN MARRIED TO NEVER MARRIED COUNTRY) Washington U.S. Marvland DIVORCED WIDOWED 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital Farmer Hagerstown SUAL RESIDENCE (IF NURSING TO THE DITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS Woodlandway Rd. 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Frederick Mversville Maryland NOX YES T 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Smith Rebecca Schroyer Keller Clemmie Thomas **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 217-30-5439 (YES, NO OR UNKNOWN) Myersville, Md. Charles H. Smith APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: erepra IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Artercoreleration Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse 0 ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 0 Sign CERTIFICATION 2 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 9a. DATE OF OPERATION p IN CERTIFYING CAUSES OF DEATH? per YES [ NO certificate 21g. ACCIDENT WAS UNDERLYING 21h, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH lental ! MEDICAL Hern ō (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION ond Me 21d. INJURY OCCURRED 21e PLACE OF INJURY 5 COUNTY STATE CITY OR TOWN the morked

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 10-16 , and that in my (our) apinion death accurred on the date and hour and from the causes stated 1981 saw the deceased alive on above. (n (we) (did) (did non view the bady after death DEGREE 22h, SIGNATURE

22e. ADDRESS

MEDICAL

ATTENDING

PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIF Burial St. Mark's Lutheran 6/19/81

Wolfsville Frederick 25a. MARES DOEY REGISTRAR 256 MEGISTRAR'S SIGNATURE

STAFF

DIRECTOR PHYSICIAN

Md.

22c. DATE SIGNED

DHMH-16 30M 2/80 (VRA 15, 4)

FUNERAL

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should be deta with the State I

hospital

504 Main St. Funeral Home Myersville, Md. Ricketts

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within 24 hours ofter

executed

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retoined by the hospitol or ottending physicion

inding physicion and completely filled in by the funerol director corbonpopers. Poges 1 and 2 should be filed within 72 hours of

signed by the ottending physicion

injury, or other troumotic event, the medica

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		EG. NO.	0 0	0 0
1. DECEASED NAME	FIRST	٨	AIODLE	1.	AST	20. DATE OF DEA		OAY YEAR	2b. HOUR
(TYPE OR PRINT)	Jesse	Si	gbie		SMITH	June	e 18, 1	981	7:30 P
3. SEX		RACE		S. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
mal			nite		e 20, 1903	77	YRS		
70. BIRTHPLACE (STATE COUNTRY)  Maryland	OR FOREIGN 76		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9. BALTIMORE C	ashingt		M
10. City or town of D Hagersto	rn	Avalor	Manor N	address)	ROTHER INSTITUTION  R Home	12a USUALOCC (TYPE OF WORK FOR Driv	MOST OF WORKING	LIFE) INDUSTRY	of Business of
USUAL RESIDENCE (IFN 130. STATE Md.	13b. COUNT	Y	134 CITY OR TOW Hagerst	N	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADD	RESS Box 30	06	
14. FATHER'S NAME  Cyrus	MI	DDLE	Sm1th		15. MOTHER'S MAIDEN NA FIRST	ME	llen	LA	st dall
(YES NO OR UNKNOWN)		ED FORCES? VAR OR OATES)	217-10-		17. INFORMANT Mr. George		ADDRESS		
Conditions, if of gave rise to couse (a), sto underlying co	mmediote ting the	DUE TO, OI	RASA CONSEQUE	ENCE OF		my			
	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	SIVEN IN PART 1	01
CERTIFICATION OF THE CALLON	RATION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	70% AUTOPSY	IN CER	ES, WERE FIND! TIFYING CAUSES YES [	
And Alabar Garage State Late - P.	CAUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	21. HOW INJURY OCCUR	RED JENTER MATURE :	OF PULIET AN ITSM 1	e PART ( OR PART T)	
WHILE IN HOUSE AT HOOSE AT HOOSE IN ALL	WHILE D	21e, PLACE of	OF INJURY EEL FACTORY, DENCE, F	ARM, ETC.)	ZII. LOCATION	Ça	Y OSTOWN	COUNTY	TATE
77s I certify that saw the dece above (I) live	(I) (this hospital ased alive on_ ) (did) (did not)	18 /30-	LR 19	81 0	19		the date and h	our and from the	that (I) (we) last course stated
776 SIGNATURE		1			DEGREE			22c. DATE	SIGNED

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the othen should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traum.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial June 22

22d. PHYSICIAN'S NAME

22e. ADDRESS

138

23d. LOCATION CITY OR TOWN

STATE Hagerstown Wash Md REC'D. BY REGISTRAR'S SIGNATURE

14 FUNERAL DIRECTOR Funeral Home,

7:20 =	June 15, 1901	MIR	Signie	9239	,
	77	20, 1903	ensī. June		eft.
	notynides.	X	4.6,1		instytee
eni zu	Tivit	one	on Manor Mursing	[EVA	. Zeerstown
	2 0 0 0 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X	nwoferess.	1123	r É
endall	llen	Caran	ditm		Ruty
Est.St.	. saloh, keynesbore	r. corge	517-10-017		oa

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.avis runeral lone, smithsburn, .d., 21783

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ending physicion and completely filled in by the funeral carbonpopers. Pages 1 and 2 should be filed within 77 i

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	REGISTRAR				CERTI	FICATE OF DEATH		REG. 1	10.			
	CEASED NAME	FIRST		MIDDLE		LAST	20. DA	TE OF DEATH	MONTH DA	AY YEAR	2b. HOUR	P
	OAT KINTY	Lucil	le Gla	adys	S	Smith	J	une 26,	1981		3:27	M
3 SE	х		4. RACE			OF BIRTH	6. AGE	(IN YEARS LAST B		FUNDER 1 YEAR	IF UNDER 2	
1	Temale		White		Sep		1	70	YRS.	DN1HS DAYS	HOURS	MIN.
	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	(2 8	ED NEVER MARRIED	- 9 B	IMORE CITY	OR COUNTY	OF DEATH		
	Alabama		USA		WIDOW			shinato	n Coun	tv		MD.
10. C	ITY OR TOWN OF D	EATH			ING HOME	OR OTHER INSTITUTION	1 12a US	UAL OCCUPA	ION	12b. KIND C	F BUSINES	
I	<b>lagerstown</b>	1		Maryla		pital Cente		F WORK FOR MOST	OF WORKING LIFE)	INDUSTRY		
13a. S	AL RESIDENCE (IF NU STATE Maryland	13b. COU	OTHER INSTITUTION		ORE ADMISSION)		S? 13e. STI	REET ADDRESS 5 Mitch	ell Ave	enue		
14 F/	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		PP			
	Lerov			nson		Mol 1	y Wilk	ison		LAS	.1	
	VAS DECEASED EVE		MED FORCES?	16b. SOCIAL SEC	CURITY NO.	17. INFORMANT	119	ADD	448 M	li +oho	77 /	1770
(	AEZ' MOR NUKNOMN)	(IF 185, GI	/E WAR OR DATES)	213 24	7729	Mary L. N	Morro W		Hager	TT COLLE	T MI	ive.
	18. CAUSE OF DEA	TH (Enter or	nly one couse per	line for (o), (b), o	ond (c).)				Hager		IMATE INTERV	
	PART I. DEATH	WAS CAUSE	D BY: TE CAUSE (o)	Pneum				1	ess tha			
	4200	INVICUIA		R AS A CONSEQ						- OHC	WCCK	
	Conditions, if on	y, which	(b)			ular accide	nt			1	979	
	gove rise to in couse (o), stot	nmediote	DUE TO O	R AS A CONSEQ		40014						
	underlying cou		(6)	K AS A CONSEQU	UENCE OF							
	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE	TERMINAL DI	SEASE OR COM	DITION GIVE	N IN PART 10	01	=
O			heart fa									
MEDICAL CERTIFICATION	19a DATE OF OPER	ATION	196. COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20a.	AUTOPSY?		WERE FINDIN		
TIF							YES	NO TO	IN CERTIFY	ING CAUSES	OF DEATH	1?
CER	21a ACCIDENT WAS U		216. TIME C			21c. HOW INJURY OC						_
AL	OR CONTRIBUTING		NID.	M. MONTH I	DAY YEAR							
DIG	21d. INJURY OCCU		21e. PLACE	OF INJURY		211. LOCATION		-				_
X	WHILE NOT Y	VHILE	(AT HOME, STE	REET, FACTORY, OFFICE	FARM, ETC }	STREET		CITY OR T	NWC	COUNTY	STA	ATE
	220 I certify that	) (this hospi	tol) attended th	e deceosed from	Nov.	14 . 19	79 , to	June 2	6 19	81	that (I) Die	e) lost
	sow the deced	sed olive on	June 2 View the body	19_	81	and that in (my) 🕬 opi	nion deoth oc	curred on the	lote and hour o	and from the	, , , , ,	,
	226. SIGNATURE	(did) (did)	N view the body	difer depin.		DEGREE				22c. DATE	SIGNED	
	1011.	Frais	uncer	0,		ATTENDIN PHYSICIA	NG MEDI	CAL STA	CIAN D	6/2	6/2	1
	22d PHYSICIAN'S	IAME (TYPE C							d Hospi	+-1 0	070	_
	Fe U. F	orciu	ncula, N	1.D.		1500 Penn			_			
23a. E	BURIAL, CREMATION			230	NAME OF C	CEMETERY OR CREMATO	ORY 23d.	LOCATION	77 157 777	SLOWN	PICI .	21/4
	SPECIFY) Buri			0-81 R	est H	aven Ceme	tery	Hagers	town	Wash	STA MI	

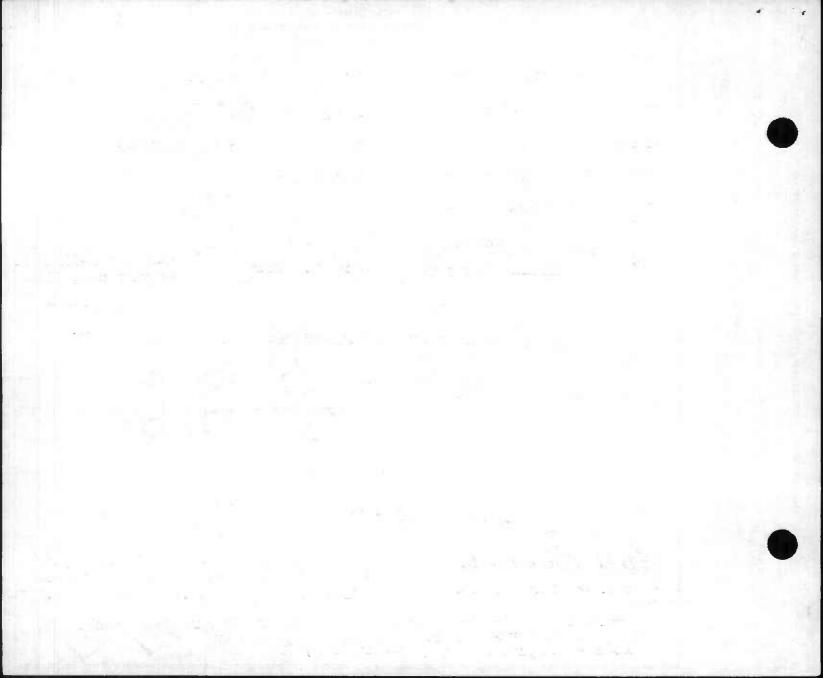
BP.

TO HOSPITAL OR ATTEN

DHMH-16 30M 2/80 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY 23c. NAME OF

THE SE REGIST AR'S SIGNATUR



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the functional be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be that within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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	REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.		
TYPE	CEASED NAME OR PRINT)	FIRST Lut	her	MIDDLE H.	Sa	LAST Smith	1	20 DATE OF DEATH MONTH	3~1981	26 HOUR
3 SE		uch	RACE		S DATE	OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	5:40P M
	nale.		White		монт		ľ	7-7	MONTHS DAYS	HOURS MIN.
Ja. BI	RTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUN	ITRY? 8.		9	77 YRS		
-	enna.		U.S.	A .	WIDOW			Washington C		MD
10 C	agerstown		I. NAME OF H	HOSPITAL, NI H FACILITY, GIVE ngton	URSING HOME ( STREET ADDRESS)  CO. HOS	or other institution pital		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Draftsman	126 KIND C	DF BUSINESS OR
130 S	AL RESIDENCE (IF NUR STATE	13b COUNTY	1	GIVE RESIDENCE 13c CITY OR Haget	TOWN	13d Inside City Limits Yes 🛣 NO 🗌		3e STREET ADDRESS 58 North Ave.		
George W. Smit						15 MOTHER'S MAIDEN FIRST Anna	INAME	M. MIDDLE	Spence	er
	VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDRESS 58	North Av	re.
N	0			173-0	3-1407	Mrs. Bertha	B.	. Couldridge Ha		
	PART I, DEATH V	TH (Enter only VAS CAUSED IMMEDIATE	BY:			ary edema			BETWEEN da	MATÉ INTERVAL ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									ie ye	ars
	underlying causi	e lost	(c)	Arte	rioscler	ye	years			
z	PART 2 OTHER SIG	NIFICANT CO	nditions <u>co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMIN	IAL DISEASE OR CONDITION G	IVEN IN PART 1	0
CERTIFICATION	19a DATE OF OPERA	ATION	19b. CONDI	TION FOR W	HICH ÖPERATIC	ON WAS PERFORMED			ES, WERE FINDIN	
	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRE	D (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	FFICE, FARM, ETC.)	2) f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a. I certify that (I saw the decease abave, (I) /we/f	) (this/hospital sed alive an _ and (did not)	May 2	e deceosed fi 6 ofter death.	rom <b>Mar</b> 19 . a	nd that in (my) (pu) apin		, to <b>June 4</b> oth accurred on the date and ho	our and from the	
		LRT		de	M		G X	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	G/81
	Harold R			, M.D.		138 E. Ant	iet	am St.Hagerstou	un, MD	21740
23a. B	URIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREMATO		23d. LOCATION CITY OR TOWN	COUNTY	STATE
-	Eurial		6/6/19			Hill Cemeter			ranklin	Penna.
1	aval-	Srow	e		ynesbor		JUN JUN	REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNAT	URE

DHMH - 16 50M 1/76 (VR A 15 (4))

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	1 -	FOR STATE REGISTRAR	mag	J KA	DEP	ARTMENT OF H	E OF MARYLAND BEALTH AND MENTA ICATE OF DEATH		E 8   REG. N	0.	6 8	8	9
		CEASED NAME OR PRINT)	FIRST MARY	KATH	RYN	SNYDER	AST	20.	DATE OF DEATH	MONTH D	O 81	26 HO	9 80
	3. SEX	Female					of BIRTH y 27, 1894		AGE (IN YEARS LAST BI	THDAY)	F UNDER 1 YEAR	IF UNDER	R 24 HRS MIN.
1	C	RTHPLACE (STATOUNTRY) Marylan	d	U.S.	A.	MARRIE			Washingto	_			MD.
Z		Hagerst	own	Not in suc	NAME OF HOSPITAL, NURSING HOME OR OTHER INST END IN SUCH FACILITY, GWE STREET ADDRESS HOSPITAL				Housewif		12b. KIND C INDUSTRY	OF BUSIN	ESS OR
1	13a. S	Maryland	THE COUN		13c CITY OR		136. INSIDE CITY LIM	] ]	STREET ADDRESS	Washin	gton S	tree	t
		THER'S NAME FIRST Thoma	s J	-	ardner		15. MOTHER'S MAIDE		MIDDLE .	Hoove	r	ST	
		AS DECEASED E ES. NO OR UNKNOW! NO		MED FORCES? E WAR OR DATES)		5-3701D	Milton E.	Snyd	Route er Clear	Sprin		217	22
	z	PART 2. OTHER	immediate stating the cause last.	DUE TO, OI	R AS A CONS		NOT RELATED TO THE			DITION GIVE	N IN PART 1	01	
1	CERTIFICATION	19a. DATE OF OF	PERATION OF				TIVE SUS		200 AUTOPSY? YES NO NO		WERE FINDI		TH?
200	MEDICAL CER	(IF EITHER, NOTIFY 21d. INJURY OC	CAUSE OF DEA	P.i	M. MONTH M. OF INJURY	DAY YEAR 19	21c. HOW INJURY O	OCCURRED	(ENTER NATURE OF INJU		RT   OR PART 2)		STATE
		22a. I certify the	ot while at work  at (I) (this haspi  ceased alive on  we) (did) (did no			19 81 , at	NE 1 19 and that in (our) op	g ( pinion deat	to <u>supe</u> th occurred an the d		and from the	causes st	1
		22d PHYSICIAN BARRI	'S NAME (TYPE O	R PRINT)  COHE	N	л	27e. ADDRESS 33	1AN 100	REDICAL STA	IAN 🗌		1-81	
	23a. B	URIAL, CREMAT Burial	ION, REMOVAL	23b. DATE 6-23-8	31	23t. NAME OF C	emetery or cremate 1's Cemet	· Oill	23d LOCATION CITY OF TOWN Nr. Clear	Spring	county Washi		state on Md

74 FUNERAL DIRECTOR
A.K. Coffman Funeral Home, Inc., Hagerstown, Md.

tery Nr. Glear Spring Washington, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physhould be detached for use as the burial-transit permit. Then please remove carbamped with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or immost IMPORTANT: If Hem 21 is marked or Item 18 shows any retained by the hospital or attending physicion. BP.

injury, or other troumotic event,

DHMH-16 30M 2/80 (VRA 15, 4)

All part following from a face of the section of the affect of the Administration of the

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# STATE OF MARYLAND

T - STATE REGISTRAR	DEPAI	CERTIFICATE OF I		REG. NO	).		, ,
1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) MAR	/ Lee	500.	25	June 28,	1981		
3. SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR IF UNDER 24 HRS	
Female	White	11/15/19	90 <b>8</b>	72	YRS.	S DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	V2 0	-	BALTIMORE CITY OF		DEATH	
Lurav.Va.	U.S.A.	MARRIED NEVER	MARRIED AL	Washingto	on Cour	27.77	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			120 USUAL OCCUPATION	DN 12	b. KIND O	F BUSINESS OF
II. mamatar m	Washington C		1+07	Cleaning	WORKING LIFE) IN	Hir	
Hagerstown			rear [	Creaming		HIL	3
Maryland Wash	NTY 13c. CITY OR TO	OWN 134 INSIDE C	ITY LIMITS?	3e. STREET ADDRESS 930 Marsha	all St		
14. FATHER'S NAME	MIDDLE LAST		S MAIDEN NAM				
Laney W. Sours		Kizz	ie J.	"Broyles	s " So	ours	
160 WAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMA	ANT		arshal.	1 9+	
(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 213-40	-7002David	B. Sou	Irs Hager	stown.	L PM	21740
	nly one couse per line for (a), (b),			110801	1	APPROXI	MATE INTERVAL
PART I. DEATH WAS CAUSE	Ď BY:	Cardia	Care			TV	NASE! AND DEATH
14/14/	TE CAUSE (a)		1	1			
Conditions, if ony, which	DUE TO, OR AS A CONSEC	misstine	Locat	das lune	_	24	~
gove rise to immediate			ruen	9000		,	
couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	Soluti h	eant a	dosesi	11.54	4	ne
	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN	PART	
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES, WE		
1 € 1				YES T NOT	IN CERTIFYING		OF DEATH?
21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR			
		DAY YEAR					
(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f LOCATR	ON				
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI			CITY OR TOV	VN (	OUNTY	STATE
	ital) attended the deceased from	6-28	, 19.8/	, to 6 —	B 196	-	that (1) (we) los
sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body ofter death.	a, and that in (my)	(our) opinion de	eath accurred on the do	te and hour and	from the	couses stated

IMPORTANT: If them 21 is marked ar them 18 shows any injury, ar ather traumatic should be detached for use as the burial-transit permit. Then please with the State Dept. at Health and Mental Hygiene priar ta burial, cr TO FUNERAL DIRECTOR: After this certificate has be etained by the haspital

JOSER

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

AT PH

ATTENDING PHYSICIAN

WASH, COURTY 23d LOCATION
crity or town
y Hagerstown, Wash.

MEDICAL STAFF DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE /81

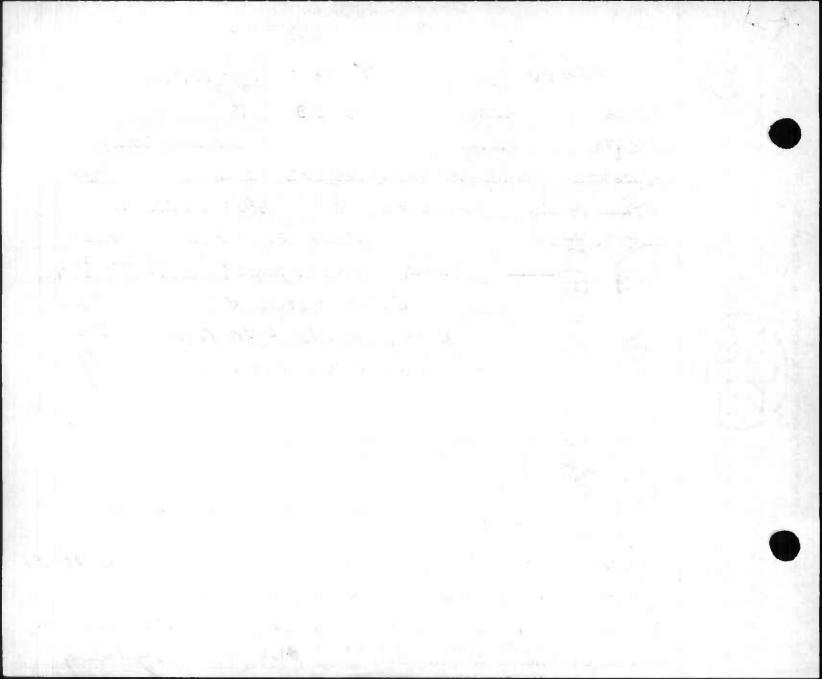
Rest Haven Cemetery

74 FUNERAL DIRECTOR 1601 Penn.
NAME
Rest Haven Funeral AVe. Hagerstown, Md. Chapel, Inc.

22c. DATE SIGNED

Md.

DHMH-16 30M 2/80 (VRA 15, 4)



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

## STATE OF MARYLAND DEPA

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Maryland 21740

FOR - STATE

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executed within 24 hours ofter deoth. Poge 4 may be

RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CF	RTI	FICATI	OF	DEATH	

REGISTRAN				TERTE OF PERTI	REG. NO.	
DECEASED NAME (TYPE OR PRINT)		lizabeth		PONE	June 7, 19	PAY YEAR 26 HOUR
female	4 RACE wh:			OF BIRTH 1 28 AY 1915	6 AGE (IN YEARS LAST BIRTHDAY)  66  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREK  Maryland	U.S	S.A.  **MARRIED ***  **MARRIED **  **MARRIED **  **MOOWED   DIVORCED    **MOOWED    **MOOWED   DIVORCED    **MOOWED    **MOOWE			9 BALTIMORE CITY OR COUNT Washington	
Hagerstown	Washing	ton Count	y Ho		178 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING I  NOUSEWITE	126. KIND OF BUSINESS OR INDUSTRY
	COUNTY ASPURINGTON	13. CITY OR TOWN		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1010 Brinker	Drive Apt 202
father's name first Clyde	MIDDLE H.	Ingram		15. MOTHER'S MAIDEN NAM  Mattie	Mills	Moore
60 WAS DECEASED EVER IN U (YES NO OR UNKNOWN) (IF	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURI	ITY NO	Mr. Joseph K	. Stone, Hagerst	own, Maryland
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO		CE OF RM ATH BUT	1 Avevi	MORRLAGE  RYJM  INAL DISEASE OR CONDITION GI  200. AUTOPSY? 200. IF YE	S, WERE FINDINGS USED
198 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYS OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED  WHIE NOTIWHE AT WORK  220.1 certify that (I) (this sow the deceased of	NG DEATH AMINER) 216. PLACE (AT HOME STI	M. MONTH DAY M. OF INJURY EET FACTORY, OFFICE, FAR e deceosed from	YEAR 19 M ETC)	215. LOCATION STREET		COUNTY STATE
27HISONATURE	did not) view the body	ofter death	1	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE SIGNED 6-8-81 Agerson M
BURIAL, CREMATION, REMI (SPECIFY)  DUTIAL  FUNERAL DIRECTOR MT	June 1	LO,1981 R		EMETERY OR CREMATORY Hill Cemetery	23d. LOCATION	Jash., Maryland

25a. DATE REC'D. 8
JUN 11

BY REGISTRAR IS

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detoched for use as the buriotrions has been signed by the ottending physicion and completely filled in by the state of the s

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

CHEDIN RESPIRATORY TREEST Sch Asselvaid Humeralage Cearbant Anecaysus 13-8-9 Occarband Averson I P C+257 113 1190 MT LOWA 182 HATERTHING ME

1	FOR = STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	1689	2	
	Charles	NMN	SWANGER, SR.	June 18	1981	OUR OOAM	
3. SE	male	4. RACE white	January 20, 1923	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER LYEAR IF UNI MONTHS DAYS HOUR YRS.	DER 24 HRS	
(A) (2) (1)	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  Aryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O Washin	or county of DEATH	DEATH	
	ITY OR TOWN OF DEATH  Iagerstown	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET 11 Madison AV	NG HOME OR OTHER INSTITUTION ADDRESS) Penue	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O  laborer		INESS OR	
50) 130.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Wash	other institution, give residence befor ITY 13c. CITY OR TOW Ington Hagerst		13e STREET ADDRESS 11 Madis	on Avenue		
*	ATHER'S NAME FIRST  U	nknown	Susie M. S	Shank	LAST		
Y		MED FORCES? 16b. SOCIAL SECU WAR OR DATES) 213-20-			§ 14 Hykes Rd. Greencastle,P	a.	
ourial, cremention, or removal.  7, or ather traumatic event, the	Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.	Cardio  DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)	pulmonary Arres		Minute  Minute		
8 shows any injur	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	ATH?	
nd mental trygler d or Item 18 shov	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (FEITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED		19 211 LOCATION	CHY OR TO		STATE	
21 is marked	220.1 certify that (1) (the total above, (1) (was (did above, 1) (box (did above, 1) (	₩) attended the deceased fram_		, ta death occurred an the do	. 19 1974, that (1 ate and hour and fram the causes	(www.last	
NT: If Item	22h. SIGNATURE	ene	DEGREE ATTENDING PHYSICIANX	MEDICAL STAI DIRECTOR PHYSIC	22¢ DATE SIGNE		
PORTANT	Charles C	Spencer, M. D	27e. ADDRESS	nlv Ave	Hagerstown,	740 Md	

23c. NAME OF CEMETERY OR CREMATORY

June 22,1981 Cedar Lawn Mem. Park Hagerstown, Wash., Maryland

JUN 2 2 1981

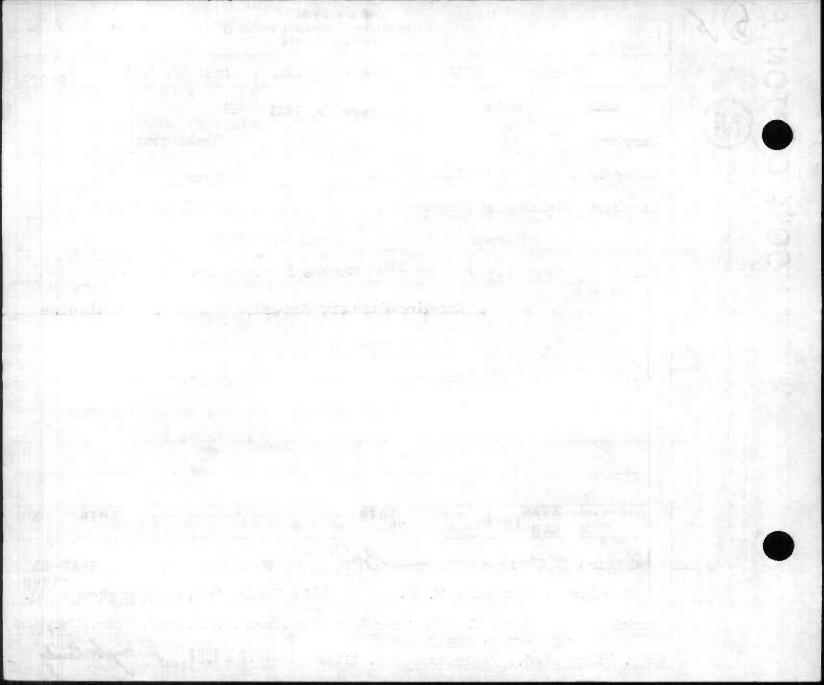
MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

230. BURIAL, CREMATION, REMOVAL burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If them 21 is marked or frem 18 shows any injury, or other traumotic event, the medical examples

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must be notified by pro

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEAT	TH	R	EG. NO.				
	CE ASED NAME	FIRST	A	AIDDLE	i i	AST		2a DATE OF DE		NTH [	AY YEAR	2b. HOUR	_
1	EORPRINT)	Ylahe	Ir	ene		urner	-		lih A	18	1991	6 %	M
<b>∦</b> 5€	X	4.	RACE		5. DATE C	OF BIRTH		AGE MALYEARS	LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HR	15
_	Female		Wh	ite	May	1 20, 19	VEAR 03	78		YRS.	NONTHS DAYS	HOURS MIR	٧.
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	D NEVER MARR	RIED 7	BALTIMORE	ITY OR C	OUNTY	OF DEATH		
ĨΛĪ	aryland	Killer I	11.5	5A.	WIDOWE			Washi	nato	n	C.oun	ty A	MD.
10 C	ITY OR TOWN OF DEA	(TH 11			URSING HOME C	OR OTHER INSTITUT		12a. USUAL OCC	UPATION		12b. KIND O	F BUSINESS C	)R
11511	AL REDIDENCE (IF NURS	n	23	تناع	rabeth	Stree	et						
13a, S	STATE	136 COUNTY		13c. CITY OR		134. INSIDE CITY LI	IMITS?	3e. STREET ADD	RESS				
-		Washi	ngton	Hage	rstown	YES NO			23 F	liz	abeth	Stree	土
14. FA	ATHER'S NAME FIRST	MIE	DLE	LAS	Ť	15. MOTHER'S MA	IDENNAME	E	DDLE		LAS		
	George	Wi	lliam	Al	bert	Ida			ue.			nev	
	VAS DECEASED EVER	IN U.S. ARME			SECURITY NO.	17. INFORMANT	13.5		ADDRESS		1100	y y	
. (	No	(IF YES, GIVE W	AR OR DATES	219-6	0-2718	Robert	_S'	Turner		sa	me as	132-6	2
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	one cause per	line for (o), (1	b), and (c).)		101.163					MATE INTERVAL	н
		AS CAUSED I		ACU;	TE MY	OCARDI	IAL.	INFA	RCT	100		DEN	
	HINA			AS A CONS	SEQUENCE OF								
	Conditions, if ony,	which				TIC HEA.	AT D	ICEACE			YE	Anc	
	gove rise to imm couse (a), stating	nediote	)										
	underlying couse		DUE TO, OR	AS A CONS	SEQUENCE OF								
103	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO T	THE TERMIN	AL DISEASE OR	CONDIT	ION GIVI	N IN PART 10		=
NO N								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
E E	190 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	D	20a AUTOPSY			WERE FINDIN		
CERTIFICATION	NOUE		- 1					YES T NO	-	YES YES	ING CAUSES	OF DEATH?	
8	21a. ACCIDENT WAS UND		216. TIME O	FINJURY		21c. HOW INJURY	OCCURRE					,,,,	_
=	OR CONTRIBUTING				DAY YEAR								
MEDICAL	21d. INJURY OCCURR		P.A 21e, PLACE C		19	21f LOCATION							_
MEI	WHILE NOT WH				FFICE, FARM, ETC.)	STREET		CIT	ORTOWN		COUNTY	STATE	
010	AT WORK AT WOR	RK					7-3	50h	16 1	0	0 8/		_
	22a. I certify the				and a	nd that in (our)	opinion de	, 10		and house	/	thot (1) (we) lo	ost
71	sow the decease obove (I) we) (	id (did not)	riew the body	ofter deoth.			opinion de	om occurred on	the dote	ono nour			
13	776 SIGNATURE	ne	//			DEGREE	NDING	MEDICAL _	STAFF		22t. DATE		
	mey	4/16	le-		M	PHYS	ICIAN D	DIRECTOR [] P	HYSICIAN	-		9-81	
	22d HYSICIAM SNA		41 5 1			22e. ADDRESS 3	339	E.A.	NTIL	ETH	M 57		
	BARRY		OHE	v		HA CS			no.	2,	1740		
	BURIAL, CREMATION, I		236. DATE 6-22-	oı		EMETERY OR CREM		23d LOCATION	NW		COUNTY	STATE	
						laven Cer		<u> </u>			Wash.	MD	
24 FL	UNERAL DIRECTOR	Rest	Haven	Fune	ral Ch	apel	250 DATE	REC'D. BY REGIS	TRAR 25b	REGISTI	RAR'S SIGNAT	URE	
	~1601 P	enma.	Ave.	Hage	erstown	, MD	9011	4 = 1201	1900	2 10 1	7000	1987	

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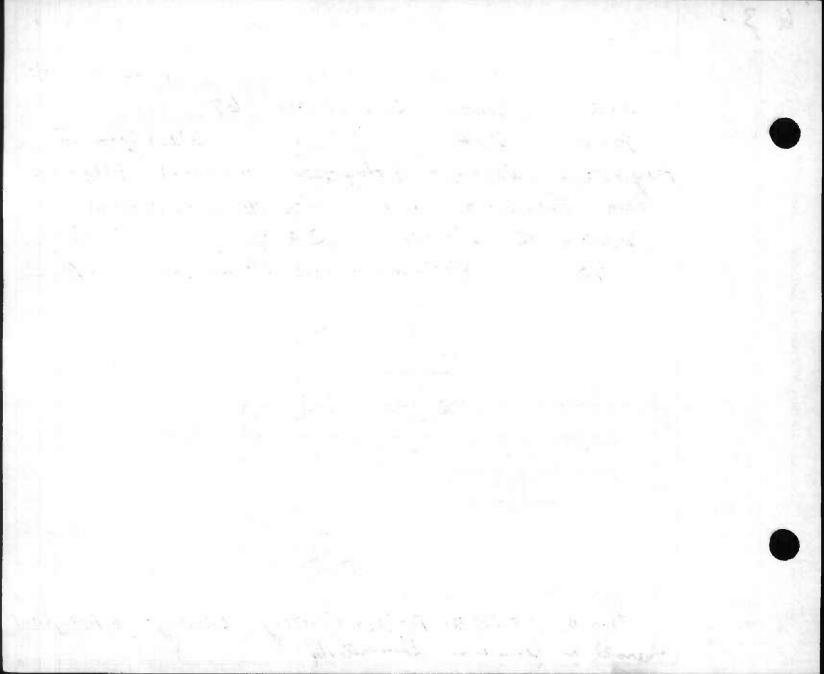
retained by the hospital or attending physician.

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STATE OF MARYLAND



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	retained by the haspital
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State Dept. or nearth and Mental Hygene prior to butal, cremarian, ar removal. IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exam

page 3

STATE OF MARYLAND

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1 -	FOR STATE			DEPARTA	LENT OF H	E OF MAKYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8		6 8	9	6
I DE	REGISTRAR CEASED NAME	FIRST		AIDDLE		AST	REG. N	O. MONTH DA	AY YEAR	2b. HOU	D
	OR PRINT)									26. HOU	K
3. SE		rnes	4 RACE	lmer	S. DATE C	ALLACE	6 AGE (IN YEARS LAST BIR	une 2	5 1981 F UNDER 1 YEAR	# UNDER	M
					MONTH	H DAY YEAR			ONTHS DAYS	HOURS	MIN.
	Male		White			11 1911	70	YRS.			
9	RTHPLACE (STATE OR F			WHAT COUNTRY?	MARRIE	DHA NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH		
	West Virgi		USA		WIDOWE	DIVORCED	WASHINGT				MD.
	ity or town of DEA Hagerstown		Washi	ngton Cou	nty H	lospital	(TYPE OF WORK FOR MOST C Watchman		126. KIND OF INDUSTRY Restu		SS OR
	AL RESIDENCE (# NURS	13b. COUN		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
	Maryland		ington	Hagerto		YES NO #	2207 Virgi	nia Av	e.		
14. FA	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		- 1		
	Rafus		onzo	Wallace		Rachae 1	Ellen		Myers		
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	\$5		1111	
	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	235-16-5	466	Prudence Hel	en Wallace	Item	#13		
	18 CAUSE OF DEAT	H (Enter on	ly ane cause per	line for (a), (b), and	J (c).)				APPROXIM BETWEEN OF	NATE INTER	VAL DEATH
	DADT! DEATH W	AC CALICE	D BV			HL ADHESTONS W	ITH CHIPLE	NE OF	2 p	DEC UNION	
	.51.81	MMEDIAI						LEUM			
	Canditions, if any,	which	DUE 10, OI	RAS A CONSEQUE		delevere day					
	gave rise to imm	nediote	(0)								
	underlying cause		DUE 10, OI	R AS A CONSEQUE	NCE OF						
	PART 2. OTHER SIGN	VIFICANT (	ONDITIONS CO	NTRIBUTING TO E	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1/a		
Z O						HEMRT DISET.		211011 01121	111111111111111		
MEDICAL CERTIFICATION	190. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDING		
FI	NON	4					YES TO NOT	IN CERTIFYI	ING CAUSES C	OF DEAT	
ER	21g. ACCIDENT WAS UND		21b. TIME O			21c. HOW INJURY OCCURR		-		1.0	3
AL	OR CONTRIBUTING		110	M. MONTH DA							
DIC	(IF EITHER NOTIFY MEDIC		P./ 21e. PLACE (		19	21f LOCATION			1000		
WE	WHILE NOT WH	₹K		EET, FACTORY, OFFICE, FA		STREET	CITY OR TO		COUNTY	51	TATE
	22a 1 certify that	his hospi	tal) attended the	deceased from _C	00700	EX 17 19 72	, , , ,	, ,		ha W-(w	
	saw the decease abave (li) we) c	did (did na	t) view the body	after death.		nd that in (my) (aur) apinion o	death occurred on the de	ate and hour o	and from the co	auses sto	ited
	27h SIGNATURE	-	-11			DEGREE ATTENDING	MEDICAL _ STAI	rr.	22c. DATE S	IGNED	
	1/5000	1/1/4	el-	_	1	PHYSICIAN E	DIRECTOR   PHYSIC	IAN 🗌	6-2	6-8	31
	224 PHISICIAN BIVA	ME (TYPE O	EPEnd)			22e. ADDRESS 339	E. ANTIC	79.00 57	7		
	BARRY	RI.	COHEN		1113	HHOOKSTON	N, MD, 2	1740			
23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		TATE
	Burial		6/27/8	1 Mt	Tab	or Lutheran	Fairview	100000000000000000000000000000000000000	SERVICE STREET	Md	
	UNERAL DIRECTOR					25a. DATI	E REC'D. BY REGISTRAR			RE-	
	Major M O	shorh	e Funer				7 1981	Laber	7	/	

UNERAL DIRECTOR
NAME
AMAIST M. Osborbe Funeral Home P.O. Box 348

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND

8 1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8	6341
1 D	DECEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Gertrude	Elizabeth	Whitaker	June 7	1981
3 S	SEX .	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
(WI	Female	Black	March 22 1912	69 YRS	MONTHS DAYS HOURS MIN
Ja 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	75. CITIZEN OF WHAT COUNTRY?	MARRIED ANEVER MARRIED C	201 - 3 - 1 - 1 - 1	
Total a	CITY OR TOWN OF DEATH  Lagerstown		of HOME OR OTHER INSTITUTION TADORESSI  The Aging	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126 KIND OF BUSINESS (
e AJSI	UAL RESIDENCE (IF HURSING HOME O	other institution, give residence before NTY 13c. City or towning ton Hagerst	VN 134 INSIDE CITY LIMITS?	ise street ADDRESS 308章 <b>N</b> .Jonat	han Street
(1)		MMN Dowery	15. MOTHER'S MAIDEN N FRST Bessie	NMN	Milberry
the	WAS DECEASED EVER IN U.S. AF 14ES, DO OR UNKNOWN)   1 # YES, GIV	RMED FORCES? 146 SOCIAL SECT (E WAR OR DATES) 215-20-		itaker 308½ N.	Jonathan St
latic event,		nly ane couse per line for (a), (b), ar ED BY: TE CAUSE (a) C an Q Q	estive Herre	Disease	STORY ASSTRAND DEA
er traum	2500 Conditions, if any, which	DUE TO, OR AS A CONSEOU	ence of Bronchitis		2-W/23
, or other	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU			?1
ny injur		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION O	IVEN IN PART 1101
Thygiene prior to in 18 shows any in the shows any in the shows any in the shows and in the	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
- 6	OR CONTRIBUTION CAUSE OF DE	ATH HOUR A.M. MONTH D	PAY YEAR 19 "	PRED (ENTER NATURE OF INJURY IN ITEM 1	I, PART I OR PART 2)
th and Menta marked or Its  MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
7 Heal	saw the deceased alive or	ital) attended the deceased from	17 - 17 - 19 7 1 7 , and that in (my) (our) opinion	n death occurred on the date and h	our and from the couses stated
State Dept. o	226. SIGNATURE	2 // Man		MEDICAL STAFF DIRECTOR   PHYSICIAN	1-9-81
IMPORTANT:	22d. PHYSICIAN'S D'AME ITYPE	HOFF TOOL	11 47 OZ	H Hill Ave	
230	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	Ch = 1	NAME OF CEMETERY OR CREMATOR ROSE Hill Cem.	Hagerstown	COUNTY STATE Wash. Md.
16 25M .4) 1/79	FUNERAL DIRECTOR NAME LONGES O	P. Davis Jones	Klein and	ANE REC'O BY REGISTRAR 236 REG	STRAR'S SIGNATURE

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24 FUNERAL DIRECTOR

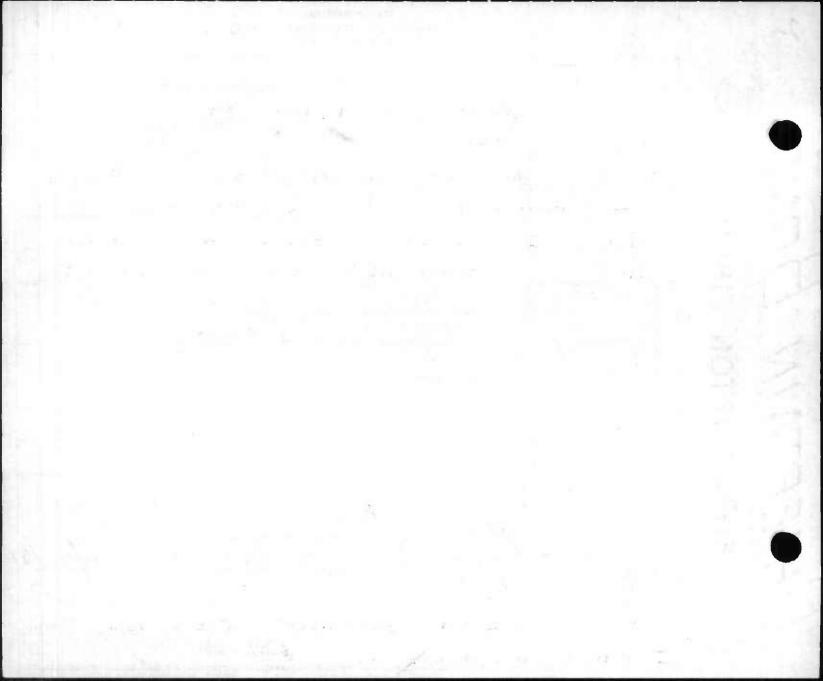
H. HARKINS

ELTA

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 2n DATE OF DEATH MONTH DAY . DECEASED NAME YEAR 2b. HOUR (TYPE OR PRINT) John 8 liams 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS. BONTH T. WHITE 1876 2. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH K MARRIED MARRIED . Washington IARYLAND WIDOWED DIVORCED 126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ESTERN MARYLAND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VESTERN HAGERSTOWN \_ABORER A WHO! USUAL RESIDENCE (IF NURSING HOME OF OTHER ASSISTANCE RESIDENCE BEFORE ADMISSIONI CITY OR TOWN OUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? KIDGE ROAD ARFORD HITEFORD YES [ NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MONEZ LLEN AMES ILLIAMS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, POOR UNKNOWN) (IF YES, GIVE WAR OR DATES) Z17-03-5332 ESTHER W. WARNER, RED LION APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Oresa. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? mono NOX YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCUBREDA 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE NOT WHAT (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (I) (this haspital) attended the deceased fram saw the deceased plive an abave, (1) (we) (did) (did nat) view the body after death pnd that in(my) (aur) apinipn death progress on the date and hour and from the couses stated DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY BURIAL 6-25-LATEVILLE ELTA ENNA HREC'D BY GESTRAR 25 BEGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

BP



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital ar attending physicion.

within 24 hours ofter death

completely filled in by the funefol

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burnol-transit permit. Then please remove corbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval IMPORTANT: If them 21 is morked or them 18 shows ony injury, or ather troumatic event, the medical

# FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DE	CEASED NAME	FIRST	W	NIDDLE	i	AST	REG. N		DAY	YEAR	2b. HOUR
TYP	E OR PRINT)	Anna	Hof	ffman	Winga	ate	June 3,	1981			
3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIE	RTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
	Female		White	е	Fet	8, 1897 YEAR	84	YRS	MONTHS	DAYS	HOURS MIN
	IRTHPLACE (STATE OF	R FOREIGN	Th CITIZEN OF W	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF D	EATH	
	Maryland		U.S.A	A.	WIDOWE		Washing	ton C	ount	y	N
	Hagerstow	m	Avalor	n Manor	Nursin	or other institution ag Home	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIT		LIFE) IN	KIND O DUSTRY	F BUSINESS O
13a.	ALRESIDENCE (IF NI STATE Maryland	13b COUN	ITY	GIVE RESIDENCE BEFOR 134. CITY OR TOV Hagerst	WN	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 650 Oak	Hill .	Aven	ue	
14. F.	Joseph	Calvi	n Str	rock		15. MOTHER'S MAIDEN NA/ FIRST Emma	Barba:	ra	Н	loffm	an
	WAS DECEASED EVE		WAR OR DATES)			17. INFORMANT	7 Red W	ජ්රීත් C	ircl	e	
	No	-		202-20-2	753-T	Helen M. Bet					
	18. CAUSE OF DEA	ATH (Enter onl	y one couse per l	line for (a), (b), a	nd (c).)			1		APPROXI	MATE INTERVAL
	PART I. DEATH		D BY. E CAUSE (¤)		Conge	stive Heart	Failure			2 W	eeks
	Conditions, if all gave rise to it couse (a), sto underlying cou	mmediote iting the	(b)	Cor Cor as a consequ	noary	atheroscle	rotic dis	sease		yr	s.
TION	gave rise to i couse (o), sto underlying cou	mmediate sting the use last. GNIFICANT C	(b)	Cor	noary JENCE OF DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	VDIT ION G	IVEN IN	PART 1(c	51
TIFICATION	gove rise to i couse (01, sto underlying cou	mmediate string the use last. GNIFICANT C	(b)	Cor	noary JENCE OF DEATH BUT			20b. IF Y	IVEN IN	PART 1(c	
CAL CERTIFICATION	gove rise to i couse (o), sto underlying cou	mmediate tring the use last.  GNIFICANT C  RATION  UNDERLYING  CAUSE OF DEA	(b)	CONSTRUCTION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON  200. AUTOPSY?  YES \( NO \( \text{NO \)	20b. IF Y	ES, WER	PART 1(c RE FINDIN CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to i couse (o), sto underlying counderlying counderlying counderlying counderlying counterlying [1]. ACCIDENT WAS (OR CONTRIBUTING [1] (IF ETHER, NOTIFY MEI 21d, INJURY OCCUMBLE   NOTIFY MEI NOTIFY M	mmediate ting the tin	DUE TO, OR  (c)  ONDITIONS COI  19b. CONDIT  21b. TIME OF HOUR A.M P.M  21e. PLACE O (AT HOME, STREE	CONTRAS A CONSEQUENTRIBUTING TO TION FOR WHICH FINJURY A. MONTH D. M. NONE	DAY YEAR	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON  200. AUTOPSY?  YES \( NO \( \text{NO \)	20b. IF Y IN CERT	ES, WER	PART 1(c RE FINDIN CAUSES	IGS USED OF DEATH?
CAL	gove rise to i couse (o), sto underlying counderlying counderlying counderlying counderlying counderlying countributing countrib	MINED WHILE CONTROL (I) (this hospit one of the control of the con	ONDITIONS COI  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M  21e PLACE O (AT HOME, STREE)  10 Ottended the	CONTRAS A CONSEQUENTRIBUTING TO TION FOR WHICH MAN MONTH DE INJURY CET, FACTORY, OFFICE, DONCE CONTRACTORY, OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, DONCE CONTRACTORY, OFFICE, DONCE CONTRACTORY, OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, DONCE CONTRACTORY, OFFICE,	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURF	200 AUTOPSY?  YES NO CHEEN NATURE OF INJURE  CITY OR TO	200. IF Y IN CERT JRY IN ITEM 18	ES, WER	PART 1(c) RE FINDIN CAUSES REPART 2)	JGS USED OF DEATH? NO M STATE
CAL	gove rise to i couse (o), sto underlying counderlying counderlying counderlying counderlying counderlying countributing countrib	MINED WHILE CONTROL (I) (this hospit one of the control of the con	ONDITIONS COI  19b. CONDIT  19b. CONDIT  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M P.M  21e PLACE O (AT HOME, STRE)  01) ottended the	CONTRAS A CONSEQUENTRIBUTING TO TION FOR WHICH MAN MONTH DE INJURY CET, FACTORY, OFFICE, DONCE CONTRACTORY, OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, DONCE CONTRACTORY, OFFICE, DONCE CONTRACTORY, OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, DONCE CONTRACTORY, OFFICE,	DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19  10 that in (my) (our) apinion of DEGREE	200 AUTOPSY?  YES NO CHEEN NATURE OF INJURE  CITY OR TO	ZOD. IF Y IN CERT JURY IN ITEM 18  WIN  JOSE ON THE STREET STREET  JURY IN ITEM 18	ES, WER IFYING YES	PART 1(c) RE FINDIN CAUSES REPART 2)	STATE
CAL	gove rise to icouse (o), sto underlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counterly was to contributing counterly was contributed at injury occurry was a contributed at injury occurry	MINISTER OF THE PROPERTY OF TH	ONDITIONS COI  19b. CONDIT  19b. CONDIT  19b. CONDIT  19b. CONDIT  10b. TIME OF HOUR A.M P.M  21e PLACE (AT HOME, STRE NO  oi) offended the June view the body of	CONTRIBUTING TO	DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19  10 that in (my) (our) apinion of DEGREE	TO JUNE  MEDICAL DISEASE OR CON  20a AUTOPSY?  YES NO SERVICE NO S	200. IF Y IN CERT JUNY IN ITEM 18  WIN  ACTION TO THE TEM 18  WIN  ACTION TO THE TEM 18	ES, WER IFYING YES ., PART 1 OI	PART 110 RE FINDING CAUSES R PART 2) UNITY  from the c 2c. DATE 6-5	STATE  st
WEDICAL 230.	gove rise to icouse (o), sto underlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counterly was to contributing counterly was contributed at injury occurry was a contributed at injury occurry	minediote time the see lost.  GNIFICANT C  RATION  B  UNDERLYING  CAUSE OF DEA' DICALEXAMINER)  UNDERLYING  CAUSE OF DEA' DICALEXAMINER)  UNDERLYING  CAUSE OF DEA' DICALEXAMINER)  UNDERLYING  CAUSE OF DEA' OLICALEXAMINER)  WHILE  CAUSE OF DEA' OLICALEXAMINER)  WHILE  CAUSE OF DEA' OLICALEXAMINER)  WHILE  CAUSE OF DEA' OLICALEXAMINER)  NAME (TYPE OR  AMM  W •	ONDITIONS COI  19b. CONDIT  19b. CONDIT  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M P.M  21e PLACE (AT HOME, STRE NO  oi) offended the June view the body of  PRINT)	CONTRIBUTING TO  TION FOR WHICH FINJURY M. MONTH D M. NONE OF INJURY SET, FACTORY, OFFICE, D Odecosed from 3 19 Streedeoth.	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.) Nay 81 on	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19  10 that in (my) (our) apinion of the physician in	TO JUNE  MEDICAL DISEASE OR CON  20a AUTOPSY?  YES NO SERVICE NO S	200. IF Y IN CERT JUNY IN ITEM 18  WIN  ACTION TO THE TEM 18  WIN  ACTION TO THE TEM 18	ES, WER IFYING YES ., PART 1 OI	PART 110 RE FINDING CAUSES R PART 2) UNITY  from the c 2c. DATE 6-5	STATE  sthot (I) (we) los couses stoted  SIGNED  81

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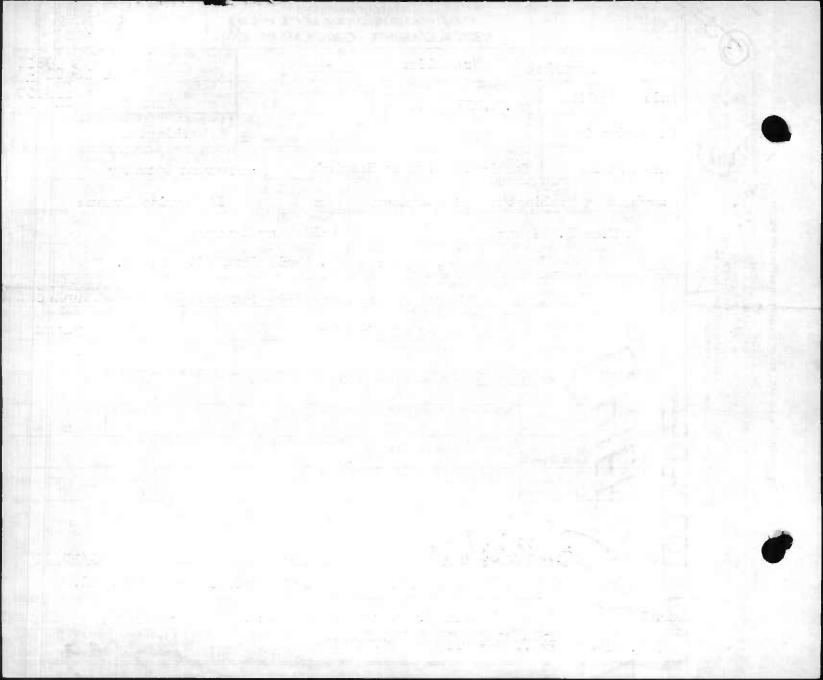
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**DHMH - 17** (VR A15 ME (5))

15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DATE KNOWN X MONTH June 16 1981 June 16, 9. BALTIMORE CITY OR COUNTY OF DEATH Washington 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS restaurant operator 53 Wayside Avenue LAST Tarner Altoona. Pa. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH unknown years 2D. AUTOPSY? YES K NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and in my opinion DATE SIGNED 6/17/81 580 Northern Ave, Hag. Md. Crownsville. Maryland 250, DATE REC'D, BY REGISTRAR 155, REGISTRAR'S SIGNATURE JUN 2 2 198



21f. LOCATION Street or R.F.D. No. City or Town County Hospital King St. Hagerstown Wash

21e. PLACE OF INJURY (At hame, form, street, foctory, office building, etc.) WHILE AT WORK AT WORK hospital

220. I certify that I took charge of the remains described above, held on Autopsy ... deoth resulted from Notural couses X. Accident ... Suicide . Homicide

Inquiry x Inspection x,

Undetermined monner

ond in my opinion

SIGNATURE

**EXAMINER'S** NAME (Type)

Howard N. Weeks, M.D.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

6/17/81 ADDRESS(Street, city, town, or county 0 Northern Ave,

22b. DATE SIGNED

23o. BURIAL, CREMATION, REMOVAL (Specify) Burial

June 20,1981

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATIO Happr TowMd (County) Greenlawn Memorial Park | WilliamsportWashingtonMaryland

24. FUNERAL DIRECTOR

Major M. Osborne P. O. Box # 348 Williamsport, Md. DATE 111N 9 2 1981

25o. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNAT

VR A15ME (5) 10M - 1/69

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FUNERAL DIRECTOR: Page

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TO FUNERAL DIREC
Health, prior to b

burial,

